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Finally, it has been a challenging year for myself and Manchester. I have lived here since 2004 but never before have I been more proud to call this great city home  .

A focused qualitative assessment of primary school education needs to inform tailored resources supporting childhood obesity

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*“Modern living ensures
every generation is
heavier than the last”*

(Foresight, 2007 p. 9)

LITERATURE REVIEW

ABSTRACT

Childhood obesity is a major public health concern with serious implications for the health of individuals and the sustainability of health services. The incidence of childhood obesity has doubled in England in the last twenty years with rates rising annually. Studies in the United States and the United Kingdom have shown that ethnicity and socio-economic status increase vulnerability to childhood obesity, with Black African girls in particular being the most susceptible to overweight and obesity.

The obesity epidemic has been described as a complex and multi-systems problem linked to both genetic and non-genetic environmental 'triggers', often termed the 'obesogenic environment'. The 'nutrition transition' to a 'Western Diet' of refined, high-sugar and low-fibre foods is widely considered the major driver for childhood overweight and obesity rates increasing.

The NCMP (National Child Measurement Programme) and Manchester's extended surveillance program CHAMP (Child Health and Monitoring Programme) offer feedback to parents about their child's weight hoping to drive health behaviour change. Schools are well placed to facilitate the implementation of healthy lifestyle interventions. Yet, education professionals perceive barriers such as lack of time and knowledge as obstacles to raising childhood obesity concerns with parents.

Weaknesses appear in existing research such as small sample sizes, responder bias, absence of reflexivity, a dearth of longitudinal studies and a lack of generalizability. This qualitative study will enhance research on how to enable primary schools to effectively engage with parents of overweight and obese children.

INTRODUCTION

This paper aims to review literature concerning the childhood obesity epidemic in England and feedback interventions to address this problem. This will include the causes, consequences and incidence of childhood obesity, the role of measurement programmes to affect health behavior change and how schools are a key setting for prevention interventions.

An online search was carried out using a platform database HDAS (Healthcare Database Advanced Search). Search terms entered into the SPIDER (Sample, Phenomenon of interest, Design, Evaluation, Research) tool were used to generate relevant “hits” (Methley, Campbell, Chew-Graham, McNally, Cheraghi-Sohi, 2014) (Appendix 1) and subsequently advanced search techniques were applied (Appendix 2). Additional records were identified via a hand search and the papers ultimately selected were saved in a reference management program (Appendix 3). As recommended by Dixon-Woods et al. (2007) quality was evaluated using the CASP (Critical Appraisal Skills Programme) qualitative tool.

The size of the obesity problem is well documented. Foresight (2007) claims every generation is now heavier than the last and Ma et al. (2013) asserts the rising prevalence of maternal obesity is driving childhood obesity into the next generation. Overweight and obese children are likely to remain so as adults (Craigie et al., 2011) when they will be at greater risk of co-morbidities like type 2 diabetes, cardiovascular disease, some cancers and asthma (Ng et al. 2013; Reilly & Kelly, 2014). A consensus exists that early intervention is key to tackling childhood obesity (Adab et al., 2015; Gardner et al., 2009; National Institute for Health and Care Excellence [NICE], 2014)

Globally, childhood obesity has doubled in the last 20 years (Freedman et al., 2004). In England, over 20% of 4-5 year olds and over 30% of 10—11 year olds are overweight or obese, with figures rising annually (NCMP, 2015-2016). Obesity prevalence is highest in black minority groups and in economically deprived regions of England (NCMP, 2015-16). Childhood obesity is reaching epidemic levels with adverse socioeconomic, psychosocial and health sequela (Sahoo, 2015). Some immediate problems include hypertension, dyslipidaemia, motor skill development and orthopaedic complications (O' Malley, Hussey & Roche, 2012; Maggio et al., 2008; Nielsen et al., 2012).

In 2016, the Department of Health stated that childhood obesity is a policy priority. Although, this report caused outcry from medical and public health communities who wanted more (Lobstein & McPherson, 2016). But, a lack of action to tackle childhood obesity would be contrary to the United Nations Convention on the Rights of the Child (1990, Article 24, p. 7) that recognizes “the right of the child to the enjoyment of the highest attainable standard of health”.

Childhood obesity interventions must engage young people as they will be the parents of tomorrow (Chief Medical Officer, 2014). Some interventions achieve this engagement by using schools to facilitate such programs. The HeLP (Healthy Lifestyle Programme) claims high rates of retention were achieved because of stakeholder (parents and teachers) involvement (Lloyd et al., 2017). The WAVES (West Midlands Active Lifestyle and Healthy Eating in School Children) study highlighted teachers' time constraints and difficulties gaining parental support as barriers to intervention delivery. Only 2 studies focused on ethnic minority children, DEAL (Diet and Activity Living)(Maynard, Baker, Rawlins, Anderson & Harding, 2007) and BEACHes (Birmingham healthy eating and Active Lifestyles for children)(Adab et al., 2014).

Two key national initiatives exist. The NCMP, established in 2006 as a surveillance program offers child weight feedback to parents hoping to prompt health behaviour change (Falconer et al., 2012). Change-4-life is a social marketing campaign focused on healthy eating and physical activity guidance (Brown & Summerbell, 2008). To date interventions and national policy has been informed by evidence from animal research, observational studies and small randomised controlled trials in humans (Waters et al., 2011). Now, qualitative health research is recognised as a vital contributor to health policy and practice (Swift & Tischler, 2010).

CHILDHOOD OBESITY

Definition:

Obesity is defined as an excess of body fat (Speiser et al., 2005). An international debate exists over deciding on a cut-off point for overweight or obesity in children. The CDC (Centre for Disease Control and Prevention) defines overweight as at or above the 95th percentile of BMI (Body Mass Index) for age and “at risk of overweight” between the 85th to 95th percentiles of BMI (Flegal, Wei & Ogden, 2002). European researchers classify overweight differently with overweight at or above the 85th percentile and obesity as at or above the 95th percentile of BMI. NICE (2014) advises the use of BMI as a pragmatic measure of childhood adiposity when related to the recommended UK growth reference charts (Royal College of Paediatrics and Child Health [RCPCH], 1990) to give age and gender specific information (Cole, 1997). This can be seen in dietetic practice where gender specific growth charts are used (RCPCH, 1990) to classify children’s weight and inform the associated nutrition care plan. Recommended cut-offs for England are,

TABLE (1): NICE (2014) recommended UK90 percentile cut-offs.

	Population Monitoring	Clinical Assessment
Underweight	<i>2nd percentile</i>	<i>2nd centile</i>
Overweight	<i>85th percentile</i>	<i>91st percentile</i>
Obese	<i>95th percentile</i>	<i>98th percentile</i>

However, the UK90 thresholds are rarely seen outside the UK (National Obesity Observatory [NOO], 2011) emphasises the importance of only comparing data when the same thresholds are applied. This variance in thresholds makes it difficult to reach an internationally relevant definition of childhood overweight and obesity and therefore highlights the lack of consensus on optimal cut-offs linking childhood BMI to disease risks (Lakshman, Elks & Ong, 2013).

In addition to this lack of international agreement on overweight and obesity classification systems the literature also debates how reliable a measure BMI is. BMI has the major limitation of failing to distinguish between fat and fat free mass (muscle and bone) and hence could overstate obesity in large muscular children (Sahoo et al., 2015). NICE (2014) refers to an alternative measure, waist circumference, but only in the context of providing additional information on long-term health problems (Bassali, Waller, Gower, Allison & Davis, 2010). Speiser et al. (2005) raises concerns with using UK90 data, as populations become heavier percentiles define changing thresholds for overweight and obesity. Also, UK90 reference data were compiled from many sources (Freeman et al., 1995) and only measurements of Caucasian subjects were included. Hence, UK90 data is not a nationally representative sample and external validity is questionable (Cole, Freeman & Preece, 1998).

Therefore, it is difficult to compare trends across countries with varying classification systems and limited relevance to groups that are different from the reference population used.

Incidence of childhood obesity in England:

Since 2005 the NCMP measures the height and weight of approximately one million children annually. These are Reception (4-5 years) and Year 6 (10 – 11 years) children in English state schools. The most recent figures reveal increasing year-on-year numbers with more than one third of Year 6 overweight or obese (NCMP, 2015-16). Overall, the childhood probability of developing overweight or obesity has increased 2–3-fold from before to after the 1980s (Johnson, Li, Kuh & Hardy, 2015). The rates of obesity increase from 22.1% in Reception to 34.2% in Year 6 (NCMP, 2016-16). The same trend is observed within the severely obese cohort (Ells et al., 2015). These studies conclude with a call to action for policy makers to support already obese children with adequate treatment and to decrease prevalence of extreme weight in the future. In the report of the Commission on Ending Childhood Obesity (World Health Organisation [WHO], 2016), governments around the world were urged to accept their responsibilities to protect and promote the health of this and future generations. These proposals were echoed by the UK Health Select Committee in 2015 calling for brave and bold action which recommended a range of measures that have mostly been ignored (Lobstein & McPherson, 2016). The 2016 Obesity Strategy offers nothing particularly new and leaves health professionals without a coherent plan to follow. It is also evidence of a government not addressing a moral duty to protect the health of children, and its fiscal duty to safeguard the NHS from the consequential costs.

Foresight (2007) highlighted health and social inequalities as major contributors to obesity. Speiser et al., (2005) agrees with this and indicates the prevalence of obesity is higher in racial and ethnic minorities which could be as a result of greater poverty in these groups. The reasons for the differences in prevalence of childhood obesity among groups are complex and likely involve genetics, physiology, culture, socioeconomic status (SES) and environment (Caprio et al., 2008). Understanding how these variables influence patterns of eating and physical activity that lead to obesity will be critical to developing effective clinical interventions to tackle childhood obesity.

Skinner and Skelton (2014) report African American girls have the highest incidence of childhood obesity of all ethnic minorities. Mayor (2016) makes a similar observation in the UK with obesity prevalence in 2015-16 highest in black British children and in particular black African girls (Maynard, Bajer, Rawlins, Anderson & Harding, 2009). This final learning is based on a sample of forty-four children which may be too small to detect significant differences across ethnic groups. The recruitment process targeted six ethnic groups of interest but encountered unexpected variation in places of worship. Therefore, the original recruitment methods had to be adapted to include more groups and locations to achieve the target sample. The study would have benefitted from a more nationally representative sample to enhance the generalizability of the findings. Larger numbers may have revealed more ethnic categories that would be useful when allocating public health resources to those who need it most.

SES is made up three critical variables (Caprio et al., 2008), money, place and time where each could impact childhood obesity rates. French, Story and Jeffrey (2001) articulate how low cost, widely available energy-dense foods like fast foods, snacks, and soft drinks have all been linked to rising obesity prevalence. A US study by Krieger, Chen, Waterman, Rehkopf &

Subramanian (2003) shows childhood obesity was associated with economic deprivation level and park area per capita. Thus, the built environment can affect access to healthy foods and opportunities for physical activity.

Causes:

Obesity results from an imbalance between energy “in” and energy “out” (Hill, Wyatt & Peters, 2012; Sahoo et al., 2015). Through evolution humans have developed a genetic predisposition to store fat in response to insulin (Speiser et al., 2005). Although, genetic abnormalities currently only account for 5% of obese individuals (Clement & Ferre, 2003), therefore it could be said that genes play a permissive role and interact with environmental factors to promote obesity. To date, several monogenic obesity syndromes have been identified and most involve the leptin-melanocortin regulation pathway (Krude, Biebermann & Gruters, 2003). Heterozygous mutations causing significant obesity are found only in the melanocortin receptor (MCR) 4 (Vaisse, Clement, Durand, Herberg & Guy-Grand, 2000). Obesity is also a component of several rare human genetic syndromes such as Prader-Willi syndrome (Cummings et al., 2002) and Bardet-Biedl syndrome (Grace et al., 2003).

Lifestyle choices remain the primary cause of obesity. Therefore, Foresight (2007) recommends a key focus for research should be the obesogenic environment and Popkin, Adair & Ng (2012) advocate a closer look at the occurrence of nutrition transition. The latter is explained as a large shift in diet and physical activity patterns in the last two decades with modern societies converging on a diet high in saturated fats, sugar and refined foods low in fibre – often termed the ‘Western Diet’ (Popkin, Adair & Ng). In 2005, Doak, Visscher, Renders and Seidell explored how best to target aspects of nutrition transition. Twenty-five

obesity prevention interventions in schools were reviewed qualitatively and quantitatively. Due to the small number of studies, each with a different methodology and targeting various aspects of obesity behaviours it precludes any definite conclusions. It is also unclear which aspects of the interventions are most likely to work on a large scale. Also, no indication was made as to who undertook the analysis. It is important to note the Taskforce that commissioned the research included food industry giants like Coca-Cola and Masterfoods, which could have introduced a bias to avoid demonising sugary foods and drinks.

Consequences:

83% of overweight youth remain overweight as adults (Herman, Craig, Gauvin & Katzmarzyk, 2009). Similarly, Serdula et al., (1993) asserts that about half (42% to 63%) of obese school-age children become obese adults. Although there is a scarcity of longitudinal studies looking at the impact of early weight gain the Earlybird36 study offers a clear conclusion - that “the die is largely cast at 5 years” (Gardner et al., 2009). This group found healthy weight in early childhood might be maintained at least into puberty. The research benefits from a large sample of 237 children allowing for significant findings.

Consequences of obesity can be physical, psychosocial and academic (Sahoo et al., 2015). Childhood obesity has been linked to many medical conditions such as fatty liver diseases, sleep apnoea, Type 2 diabetes, asthma, cardiovascular disease, glucose intolerance and insulin resistance, skin conditions and orthopaedic problems (American Academy of Paediatrics [AAP], 2006). Until recently many of these conditions mainly existed in adults but now are common in obese children (Wijga et al., 2010). Findings by Güngör (2014) indicate two out of three obese children show early signs of heart disease, 56% have high blood

pressure and 1 in 7 have high blood glucose levels. Alongside these co-morbidities research suggests there is consistently a poorer picture of general health for obese children compared to normal weight children. (Wijga et al., 2010) found significant associations with obese children and more GP visits, school absenteeism, bronchitis and antibiotic usage. This cross-sectional study has some limitations in its' design. Health outcomes like frequency of ear and throat infections were based on questionnaire feedback that is open to recall error and subjectivity. The number of obese children within the 3,980 sample was small reducing the chance of detecting statistically significant associations between obesity and health outcomes and possibly missing less frequently occurring illnesses in the sample population. Despite these flaws this study does show that childhood obesity is not merely a risk factor for disease in adulthood, but obese children may experience more health related problems already in childhood.

The impact obesity has on a child's appearance is immediate and can result in low self-esteem, social alienation and lack of self-confidence (Sahoo et al., 2015; Wang & Lim, 2009). In addition, Niehoff (2009) states that children who are overweight tend to have fewer friends and they can retreat into their homes often and engage more in sedentary activities. Therefore, exacerbating the issue as sedentary behaviour is linked to obesity.

Childhood obesity can also directly affect academic attainment. A research study by (Schwimmer, 2003) concluded that overweight and obese children were four times more likely to report problems at school such as absences, repeating a year and school engagement (Carey, Singh, Brown & Wilkinson, 2015) than healthy weight counterparts. A study by Sieberer et al., (2001) revealed children with obesity co-morbidities like diabetes are more likely to miss school thus impacting academic performance, Ravens- This study

used a cohort of severely obese children and because previous research has shown moderate overweight was not significantly associated with the certain health outcomes it must be asked if the same findings would apply to a cohort with lesser degrees of obesity. To conclude, current evidence indicates a human cost and an economic cost of childhood obesity. The Obesity Strategy (2016) contextualises this “we spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined”. The NHS (National Health Service) in England spends £5.1 billion on overweight and obesity-related ill health in 2014/15, Scarborough, Bhat, Wickram, Allenders, Foster & Rayner (2011). Speiser et al., (2015) reveals the cost of treating patients with a BMI $>35\text{kg/m}^2$ are approximately 44% greater than those of non-obese patients.

UK measurement programmes:

In response to the Governments strategy to tackle obesity the NCMP was established in 2005 by the DOH (Department of Health) to monitor national trends in height, weight and BMI of Reception and Year 6 children across all publically funded schools in England. It allows the identification of children whose weight category could put their health at risk. As previously addressed the detrimental consequences of childhood obesity are extensive. Therefore, measurement programmes are used as a vehicle to engage with parents and children about healthy lifestyles and weight issues.

Since 2008 parents have been receiving written feedback. In order to assess how effective the NCMP feedback letters are Syrad et al., (2014) summarised the objectives of this feedback. To help parents understand their child’s health status, to support and encourage behaviour change and provide a mechanism to engage with families of overweight children.

Research by Falconer et al., (2012) showed that over 90% of parents find feedback letters useful because few parents of overweight and obese children recognize that their child is overweight. Contrary to this, Ikeda, Crawford & Woodward-Lopez (2006) raised concerns that identifying a child as overweight could lead to teasing and parental distress. Therefore, it is essential feedback be shared with parents in a sensitive and confidential manner, Nnyanzi, Summerbell, Ells & Shucksmith (2016). It should be noted that no control group was used in the Falconer et al., (2012) study but the findings were independently evaluated. This demonstrates a transparency of process that enhances internal validity and trustworthiness of the study outcomes.

Within the UK regional obesity rates differ. For example Manchester's obesity rates are consistently higher than the national average (NCMP, 2015-16). In response to this Manchester has increased the scope of the mandated NCMP. Since 2014, an extended surveillance programme of all primary-age children across central Manchester has been undertaken by CHAMP (Child Health and Monitoring Programme). Approximately 45,000 children are measured annually and feedback is offered to all parents via an on-line portal (<https://champ.cmft.nhs.uk>). Parents are invited to register with CHAMP to view their child's results. Once registered the digital lines of communication are open.

FEEDBACK BASED CHILDHOOD OBESITY INTERVENTIONS

Parents and perceptions:

As previously stated interventions such as the NCMP and CHAMP provide feedback to parents about their child's weight status. Parents are the focus of such programs as they are described as vital "agents of change" by Birch & Davison (p. 895, 2001) because they directly

influence children's behaviour. Reitmeijer-Mentink, Paulis, van Middlekoop, Bindels & van der Wouden (2013) confirmed that parents are known to misclassify their child's weight status. This is of significance because parents may be less inclined to take action if they do not perceive their child's overweight or obesity as concerning, Syrad et al., (2014). In 2015, Black et al. explored the gap between parental perceptions and objective measures. Parents were more likely to underestimate weight if the child was black or south Asian (versus white), male, more deprived or aged 10-11 years versus 4-5 years. In contrast to this a literature review of fifty-two studies found parents were more likely to misclassify younger children specifically aged 2 – 6 years, Reitmeijer et al., (2013).

The literature offers some possible explanations for these skewed perceptions. Doolen, Alpert & Miller (2009) suggests they include the fear of being judged, the un-palatability of labelling a child as overweight and shifting norms because of the increase in size at a population level. Syrad et al., (2014) adds to this list of explanations by suggesting parents consider many factors other than weight when determining if their child is overweight and that fundamentally parents are more concerned about a child's health and happiness than weight alone. The explanation offered for this is cultural differences between traditional British and non-white views of overweight. Where the later cohort may not view overweight negatively.

In a qualitative review by Clarke, Pallan, Lancashire & Adab (2015) the "responsibility conflict" is described that surrounds parents i.e. they are part of the childhood obesity solution but also a possible contributing factor. A similar view is expressed by Falconer et al. (2014) when looking at why post-feedback more than one third of parents of overweight children sought more healthy lifestyle information but ultimately translated into minimal lifestyle behaviour change. Contrary to this Park et al. (2013) purports weight feedback is

vital because parents who recognise their child's overweight status are more likely to perceive an associated health risk. The Institute of Education (2010) concurs and shows many parents planned to instigate lifestyle changes post feedback. None of the studies included in the literature review looked at the specific impact of feedback on underweight prevalence, possibly because this accounts for just 1% of English children (NCMP, 2015-16).

Behaviour change theory:

Within the field of health psychology Prochaska and DiClementi (1997) use the TTM (Transtheoretical Model) to describe health behaviour change as a progression through a series of stages.

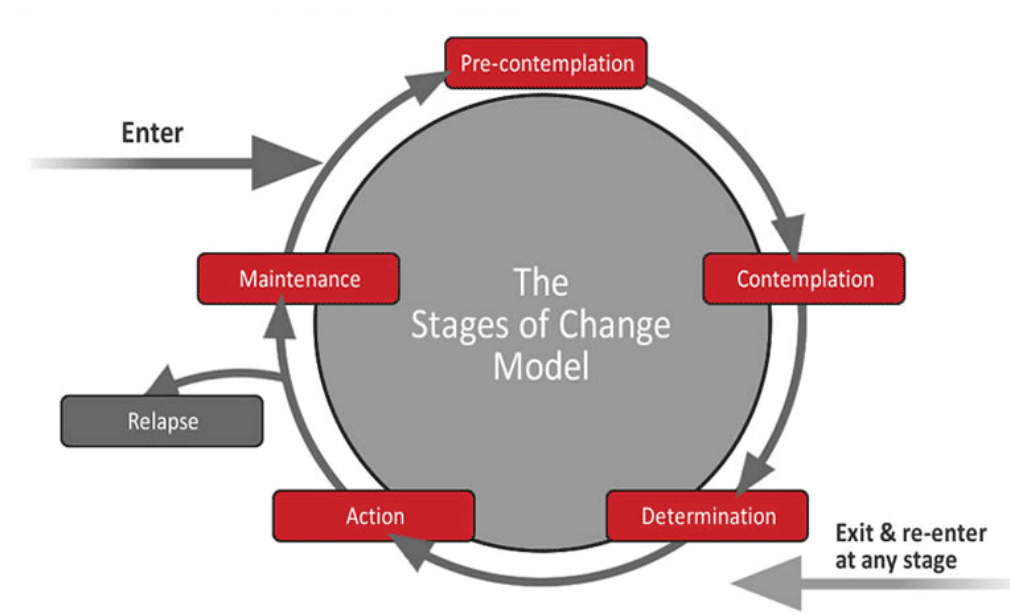


FIGURE (1): Cycle of Change Prochaska & Di Clementi (1997)

The belief is by providing accurate information to aid parental recognition of a child's overweight status this will prompt progression through the stages of change, Institute of Education (2010). Contrary to this belief there is widespread recognition of the "intention-behaviour gap" which is explained by Rhodes and de Bruijn (2013) as the gap between

stated intentions and ultimate actions. In the case of childhood obesity it remains unclear how large this intention-behaviours gap is among parents and what might influence them into taking action, Neumark-Sztainer, Wall, Story and van den Berg (2008). Research around the application of such behaviour change techniques by lay individuals was not found during this literature search. Although, Chisholm et al. (2016) did test a behaviour change communication tool called TENTPEGS (Tailored plans, Environmental Change, Thoughts, Practice and record, Emotions, Goals, Social influences) on medical students and both found the training highly acceptable. This is encouraging because Hanson, Mullins and Modi (2017) state that to tackle the complex problem of childhood obesity such behaviour change techniques cannot be exclusively used by qualified healthcare professionals and must be usable by non-clinical professionals. The research summarised can lead to a tentative conclusion that health interventions which are explicitly theory based are more effective than atheoretical interventions, most likely because they target salient behavioural determinants, Nixon et al. (2012).

Schools and Teachers:

Schools are recognised as accessible settings for interventions to tackle childhood obesity (Clarke, Fletcher, Lancashire, Pallan & Adab, 2013; NICE, 2014; WHO, 2016). According to Lloyd, McHugh, Minton, Eke and Wyatt (2017) this is down to regular opportunities for health promotion and practical occasions for children to eat and take physical exercise. Schools and teachers are in a key position to reach families across the social spectrum. This access is especially relevant when engaging with hard-to-reach groups like migrants and those with lower socioeconomic attainment, Hanson et al. (2017). Although there is widespread acceptance that health and education are intertwined there also exists

perceived barriers to schools doing more to tackle childhood obesity, Clarke et al. (2013).

Barriers mentioned include time pressures, access to expert support, withholding physical activity for bad behaviour and using unhealthy foods as rewards and can have a detrimental impact on intervention implementation, Langford, Bonell, Jones & Campbell (2015). To support schools the Education Trust (2010) issued a practical guide for schools on what they can achieve when managing the issue of childhood obesity. As identified in the broader literature Yarborough, DeBar, Wu, Pearson & Stevens (2012) report education professionals must be given further support to initiate effective weight management interactions with parents.

To date only one study has been identified which focused on teacher experiences of delivering an obesity prevention programme in schools; the WAVES study. This investigation by Griffin et al. (2015) collected teachers' views via semi-structured interviews. They were reported to recognise the importance of obesity prevention in primary schools but the research also cited some threats to implementation. These included lack of internal and external support, teachers' own motivation as a facilitator and working with parents with extremely low levels of healthy lifestyle knowledge. This study has some limitations in the design. The teachers who agreed to participate nominated themselves and hence could have been positively biased towards the intervention. Orne (1962) believes such nominees believe the experiment to be important and hence may alter their behaviour in an attempt to support research outcomes. All but two interviewees were female creating a gender bias and the 2 male participants were interviewed alongside a female colleague creating possible social desirability bias i.e. answers may have differed if they were interviewed alone. Despite this tentative learnings can be taken from the research about how best to implement childhood obesity interventions in schools. A review by Amini, Djazayeri, Majdzadeh,

Taghdisi & Jazayen (2015) identified aspects of successful school-based childhood overweight prevention programmes such as, versatility to suit individual schools, a hands-on approach, ease of management and key parental engagement.

The literature offers little understanding of what skills education professionals require to deliver childhood obesity interventions. Although Neumark-Sztainer, Story & Harris (1999) acknowledge staff training in this area needs to address issues of obesity prevention and treatment of weight stigmatization. There also remains scant commentary on cost versus return for childhood obesity interventions. The WAVES group was the first to attempt (with a large enough sample to detect clinical differences in adiposity) a cost-effectiveness analysis of their study, Adab et al. (2015). Results are yet to be published.

Modes of weight feedback:

In England, parents typically receive feedback on their child's weight via a letter from the NCMP. In the United States other modes of feedback have been trialled such as a health report cards, Chomitz et al. (2003). In Manchester, parents log onto the CHAMP portal to view their child's results digitally. This shift to online feedback is aligned to the NHS Digital strategy (2013) which aims to allow all citizens have access to, and manage their own health records by 2020. Antwi et al. (2012) claims by using web-based weight reduction interventions a reduction in obesity for school-age children is possible. This is because web-based technology has become part of children's lives in the last decade and features in many daily activities. Such devices can be used as education tools increasing knowledge about healthy choices.

Chen, Liefers, Bauman, Hanning & Allman-Farinelli (2017) reviewed mHealth (mobile health) (defined as the practice of medicine and public health by mobile devices) in dietetic

practice. Although the reported usage of mHealth was high (74% of dietitians use health apps as an information source) there was no evidence of Smartphone Health Apps from any dietetic associations. This suggests dietetic institutions need to offer training on and advocate mHealth so technology can be effectively used in practice. This study had a narrow focus on nutrition apps for self-monitoring only and achieved a 5% response rate, hence limiting the wider relevance of the research outcomes. Results of another pilot indicate online tools for assessment and management of childhood obesity could be applied to primary care, Park et al. (2014). Again, this study has limited generalizability, as GP's are not representative of other population groups.

QUALITATIVE TECHNIQUES IN HEALTH RESEARCH

A debate exists over the relative virtues of quantitative and qualitative methodologies. This can be discussed from an epistemological perspective or a practical viewpoint because as an epistemological stance, constructivism asserts that reality is constructed by individuals as they assign meaning to the world around them, Appleton & King (2002). The latter will be the focus here.

Swift & Tischler (2010) discusses how historically, qualitative research was low down the hierarchies of evidence, was often made up of ambiguous literature and generated little consensus on what were good standard research methods. Similarly, Abusabha & Woelfel (2003) list common preconceptions about qualitative work such as that it is "soft", "subjective", "anecdotal", "unscientific" or "speculative".

Silverman (2015) states the type of evidence generated by qualitative research is not empirically generalizable. However, Draper (2004) believes it can be theoretically generalizable so the findings can create theories that are relevant to other settings and

other cohorts. A systematic review of RCT's (Randomised Controlled Trials) by Luttikhuis et al. (2009) of interventions treating obesity in children concluded that to date quantitative studies in this field were based on small sample sizes, high drop-out rates, unreliable or limited outcome measurements all of which raise concerns about validity and generalizability of the findings.

Studies into childhood obesity are limited by the lack of longitudinal and prospective studies due to the long time required to see outcomes. Black et al. (2015) undertook a cross-sectional questionnaire study of child obesity cut-offs derived from parental perceptions which found clinical and parental classifications of obesity are divergent at extremes of the weight. These limitations meant potential insights into the parents of severely obese children could not be detected. A low response rate to postal questionnaires was noted which could raise reliability concerns i.e. responders were more likely to be white and less deprived than the ethnically diverse target population. Also, a very low number of parents of obese children responded meaning results had to be collapsed into a single overweight category. As the study represents a single point in time for an undefined population it lacks generalizability potential. In contrast, an excellent example of reflexivity is demonstrated by Clarke et al. (2015). This is exemplified by the decision not to carry out 'member checking' that may have introduced bias in that interpretation of responses was conducted solely by the authors without the confirmation of participants. Further reflexivity is shown by being aware that researchers who took part in this current trial had previously engaged with the participating schools hence, the "distance" as defined by Mays & Pope (2000) between researcher and participants was small. Therefore, these researchers were at risk of "going native" and being too sympathetic to the group thus losing objectivity. (Brink, 1993) advises

to offset these risks the researcher can distance one self from the subjects regularly, spread out site visits and discuss data with colleagues. This study collected participants through purposive sampling which could result in a cohort that is inherently more interested in the topic.

CONCLUSION

With UK childhood overweight and obesity rates doubling in the last twenty years it is time for preventative action. This public health concern is widely considered to be urgent as it has major implications for the sustainability of healthcare systems James & McPherson (2017). The disagreement is not whether to attempt to halt the rates of overweight and obesity in children but what measures should be used in what settings.

Calls for action have come from academics such as Waters et al. (2011) to fellow researchers and politicians (Obesity Strategy, 2016) to policy makers. As these calls for action from different camps gain attention a debate evolves between those who advocate immediate action versus those who support waiting for more evidence. (Wu, 2013) asserts the strength of evidence is high for school-based interventions but a limited number of studies and low strength of evidence to support interventions in other settings make it difficult to ascertain how other locations could effectively prevent childhood obesity. Future research is needed on interventions delivered in situations other than schools and that use mobile technology to deliver health messages. Further studies might be conducted with stratified analyses on subgroups, for example gender, age, race/ethnicity, or socioeconomic status. This would clarify how groups may respond differently to the same intervention, and help tailor future interventions to maximize their benefits.

The papers reviewed mostly had limited follow-up and therefore it is difficult to assess the sustainability of these interventions.

There were methodological limitations of the critiqued studies. For example, few of the studies reviewed reported process evaluation, which could provide useful insights into why some studies did not detect the desired effect of the intervention. Future research would benefit from more rigorous qualitative methodologies with larger sample sizes to facilitate statistically and clinically significant findings. This plus more transparency around potential bias with longer follow-up would generate better quality evidence.

Furthermore, there is a significant gap in the research around the impact obesity has on a child's quality of life and why the rates of overweight and obesity are increasing from Reception to Year 6. If more clarity was available on these points future work might be in a position to comment more on the unexpected, deviant outcomes when they occur.

Schools are consistently mentioned in the research as an ideal environment to host childhood-obesity interventions because "most children attend school" Clarke et al. (p. 976, 2013). Although, to increase head teachers' ability and desire to prevent childhood obesity, schools require specialist training and resources and support from external partners such as public health teams, Howard-Drake & Halliday (2015). Feedback-based interventions are given credence to affect weight-related health-behavior change, Nixon et al. (2012). Yet, there exists little evidence to show how best to give this feedback to parents and in what environment. Falconer et al. (2014) suggests work is required to identify the most effective way to communicate weight information to parents. Thus far, there is a paucity of investigations into how non-clinical professionals could use behavior-change techniques when discussing obesity, how to overcome perceived barriers and what skill gaps education

staff feel need addressing. This is most apparent when looking for views of head teachers on childhood obesity. The literature search generated only one study by Clarke et al. (2015) that recounted such views. There is also a dearth of published research on parent's comments in the evaluation phase of school based obesity interventions. Hence, there is a need to capture opinions from these under-represented but key stakeholders to inform future childhood obesity intervention design.

The mechanism of online feedback to parents is showing good potential but supplementary investigations are required to measure its effectiveness versus a traditional letterform and to assess the viability of mHealth in non-clinical environments. The conjecture could be made that combining an online weight-feedback mechanic into a school-based preventative intervention would be progressive and arguably a natural evolutionary step for obesity interventions to make next.

In summary, there appears to be a political demand for and a research need to design a robust qualitative study which explores resources to support schools and their staff, to engage effectively with parents on the topic of childhood obesity.

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APPENDICES

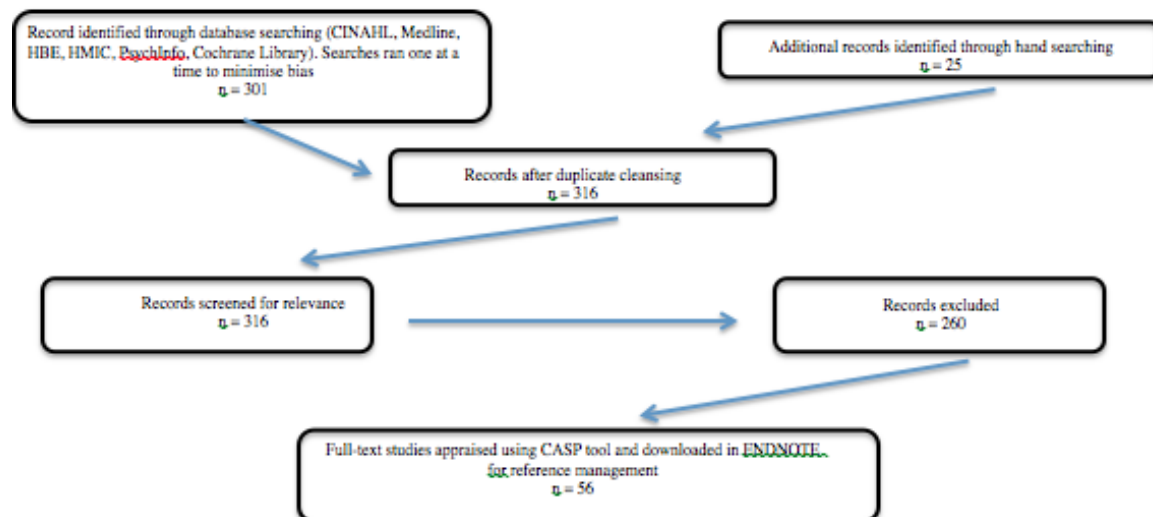
Appendix (1): Search terms used for the SPIDER search.

Sample	"school teacher*" or "safeguarding lead*" or "SENCO" or "family liaison" or "special education needs coordinator" or "primary school". MESH terms = "elementary school teacher" or "education personnel"
Phenomenon of Interest	"overweight" or "obes*" or "fat" or "adipos*" or "convers*" or "centile*" or "educat*" or "inform*" or "skill* gap". MESH terms = "Body Mass Index" or "BMI" or "Paediatric"
Design	"Questionnaire" or "Survey" or "Interview" or "Focus Group" or "Case Stud*" or "Observ*"
Evaluation	"View" or "Experience*" or "Opinion*" or "Attitude*" or "Belie*" or "Feel*" or "Know*" or "Understand*" or "Barrier*" or "Train*"
Research Type	"Qualitative" or "Mixed Method*"

Appendix (2): Advanced search techniques used.

Technique Used	Affect on search
Truncation symbol (*)	Ensures word ending variants were captured
MESH (Medical Subject Headings) terms	Picked up technical languages in databases
Boolean operator "OR"	Created individual sets
Boolean operator "AND"	Used to combine sets

Appendix (3): Summary of Literature Review Process



A focused qualitative assessment of primary school education needs to inform tailored resources supporting childhood obesity

A Review Article
4379 Words

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RESEARCH ARTICLE

JOURNAL SELECTION – Journal of Nutrition Education and Behaviour (JNEB)

The JNEB is relevant to my research as the content areas include, nutritional aspects of public health, nutritional sciences, education and eHealth. This relevance was confirmed by searching JNEB articles in the last 5 years using the keywords “childhood obesity” and “school” which generated a list of 14 papers.

The merits of evaluating research using an Impact Factor (IF) have been debated by Greenwood (2007) and Satyanarayana & Sharma (2008). But, it is useful to compare IF's of journals in similar fields. The JNEB IF is 2.491 versus the Journal of School Health IF of 1.749, i.e. the JNEB appears a higher quality journal.

JNEB publication restrictions exist. A \$2,500 fee for Open Access, prior to open access an embargo period of 12 months, a 4,500 word limit and keywords must be MeSH terms.

This paper was written in the format required by the JNEB. The layout aims to facilitate selective electronic searches.

ABSTRACT

Objective: To examine primary school education-needs to inform tailored resources supporting childhood obesity.

Design: A qualitative study based on 8 semi-structured interviews. Questions addressed schools' approach to childhood obesity, resources, barriers, and possible enablers.

Setting: Primary schools from the Manchester City Council jurisdiction.

Participants: A purposive sample of 8 senior leadership school staff members (100% female).

Phenomenon Of Interest: Types of perceived barriers and supportive tools to empower obesity discussions with parents.

Analysis: Transcriptions were coded and analysed based on a socioecological framework using thematic analysis.

Results: Five key themes emerged: complex families, primary schools as a key setting, the food environment, difficulties raising obesity and empowerment. The enabler training pack developed in response to these themes was received positively by school staff and initial feedback indicated it helped bridge perceived knowledge and skill gaps.

Conclusions and Implications: Significant barriers exist to health behaviour change for families of a lower socio-economic status. Each school's approach to childhood obesity varied greatly but all expressed a need for more healthcare professional guidance.

Implications include training and tailored resources that can be applied to all primary schools and their staff.

Key Words = Children, educational-setting, training, healthy-eating

INTRODUCTION

Childhood obesity is regarded as one of the most serious global public health concerns that we face. Foresight (2007) highlighted health and social inequalities as major contributors to obesity. Speiser et al. (2005) agrees with this and indicates the prevalence of obesity is higher in racial and ethnic minorities which could be as a result of greater poverty in these groups.

Consequences of obesity can be physical, psychosocial and academic, Sahoo et al. (2015). Childhood obesity has been linked to many medical conditions such as fatty liver diseases, sleep apnoea, Type 2 diabetes, asthma, cardiovascular disease, glucose intolerance and insulin resistance, skin conditions and orthopaedic problems (American Academy of Paediatrics, 2006). Until recently many of these conditions largely existed in adults but now are common in obese children, Wijga et al. (2010). Childhood obesity can also directly affect academic attainment. A study by Schwimmer, Burwinkle & Varni (2003) concluded that overweight and obese children were four times more likely to report problems at school such as absences, repeating a year and school engagement than healthy weight counterparts, Carey, Singh, Brown & Wilkinson (2015).

In England the overall probability of developing overweight or obesity has increased 2–3-fold from before to after the 1980s, Johnson, Li, Kuh & Hardy (2015). The rates of obesity increase from 22.1% in Reception to 34.2% in Year 6 (NCMP, 2016-16). These increasing trends of obesity prevalence in the formative primary school years indicate this is a crucial life-stage for intervention.

Schools are recognised as accessible settings for interventions to tackle childhood obesity (Clarke, Fletcher, Lancashire, Pallan & Adab, 2013; NICE, 2014; WHO, 2016).. According to Lloyd et al. (2017) this is down to regular opportunities for health education / promotion

and practical occasions for children to eat and take physical exercise. This access is especially relevant when engaging with hard-to-reach groups like migrants and those with lower socioeconomic attainment, Hanson, Mullins & Modi (2017). Although there is widespread acceptance that health and education are intertwined there also exists perceived barriers to schools doing more to tackle childhood obesity, Clarke et al. (2013). Barriers mentioned include time pressures, access to expert support, withholding physical activity for bad behaviour and using unhealthy foods as rewards which can have a detrimental impact on intervention implementation, Langford, Bonell, Jones & Campbell (2015).

In 2013, Reitmeijer-Mentink, Paulis, van Middlekoop, Bindels & van der Wouden notes that parents are known to misclassify their child's weight status (and hence may be less inclined to take action if they do not perceive their child's overweight or obesity as concerning, Syrad et al. (2014). Feedback based interventions such as the NCMP and the Child Health and Monitoring Programme (CHAMP) are based on health behaviour change psychology. The belief is by providing accurate information to aid parental recognition of a child's overweight status this will prompt progression through the stages of change, Institute of Education (2010).

In order to understand how education professionals can use such feedback mechanics and other tailored resources to support conversations around childhood obesity it is important to gauge views of senior stakeholders in schools. Therefore, the aims of this research were to interview senior leadership educationalists and gather insights into:

1. How schools currently cope with childhood obesity.
2. Any perceived barriers to raising weight concerns with parents.

3. What resources could empower education professionals to engage parents with obesity in a more effective way?

METHODS

Participants

Data were collected from a purposive sample of 8 education professionals in local authority funded primary schools within Manchester City Council from February 2017 to June 2017.

The sampling strategy was purposive to ensure participants were a rich source of information, Creswell & PlaneClark (2011). As the characteristics of the selected sample reflect the characteristics of the target population this subjective approach to sampling improved the external validity of the study, Wright & Lake, (2015). The sample size was guided by Morse (1994) who recommended studies exploring the core of experiences should include about 6 participants. However, the recruitment approach in this research was primarily influenced by achieving thematic saturation of data (i.e. no new concepts emerging from interviews) at which point data collection ceased, Seale, Gobo, Gubrium & Silverman (2004).

In order to participate distinct inclusion and exclusion criteria were set (Appendix 1). Schools selected were profiled by Index of Multiple Deprivation (IMD) deciles (decile 1 represents the 10% most deprived local areas in England), the number of pupils entitled to Free School Meals (FSM) and the whole school overweight and obese percentage figure (CHAMP, 2016-2017). FSM entitlement is widely used as a proxy for socio-economic status (SES) in UK education research, Hobbs & Vignoles (2010). This profiling ensured people were included with differing demographic contexts to capture a range of views and experiences of childhood obesity, Murphy, Dingwall, Greatbatch, Parker & Watson (1998).

Procedure & Materials

A qualitative study based on semi-structured interviews was deemed more suitable than a quantitative design as interviews are believed to offer a depth of understanding of social phenomena than could not be obtained from quantitative methods, Silverman (2000). Semi-structured interviews are the most widely used type of interview in formative studies (Higgins et al., 1996; Hubbell, Chavez, Mishra, Magana & Burciaga-Valdez, 1997).

The topic guide used (Appendix 2) was informed by previous literature where Baughcum et al. (1998) looked at maternal feeding practices in childhood obesity. The guide was piloted with 3 public health nutritionists not involved in the study. They recommended the researcher consider a prepared response to individuals who mention their own personal weight concerns, which Blackburn, Stathi, Keogh and Eccleston (2015) documented as a barrier to raising weight concerns. Interview data was captured using a digital audio recorder and an Apple iPhone as backup. Bird (2005) describes transcription as a key phase of interpretative work that generates orthographic transcripts of each interview.

There were two phases to the study and all of the sample (n=8) were eligible to participate in both phases (Figure 1).

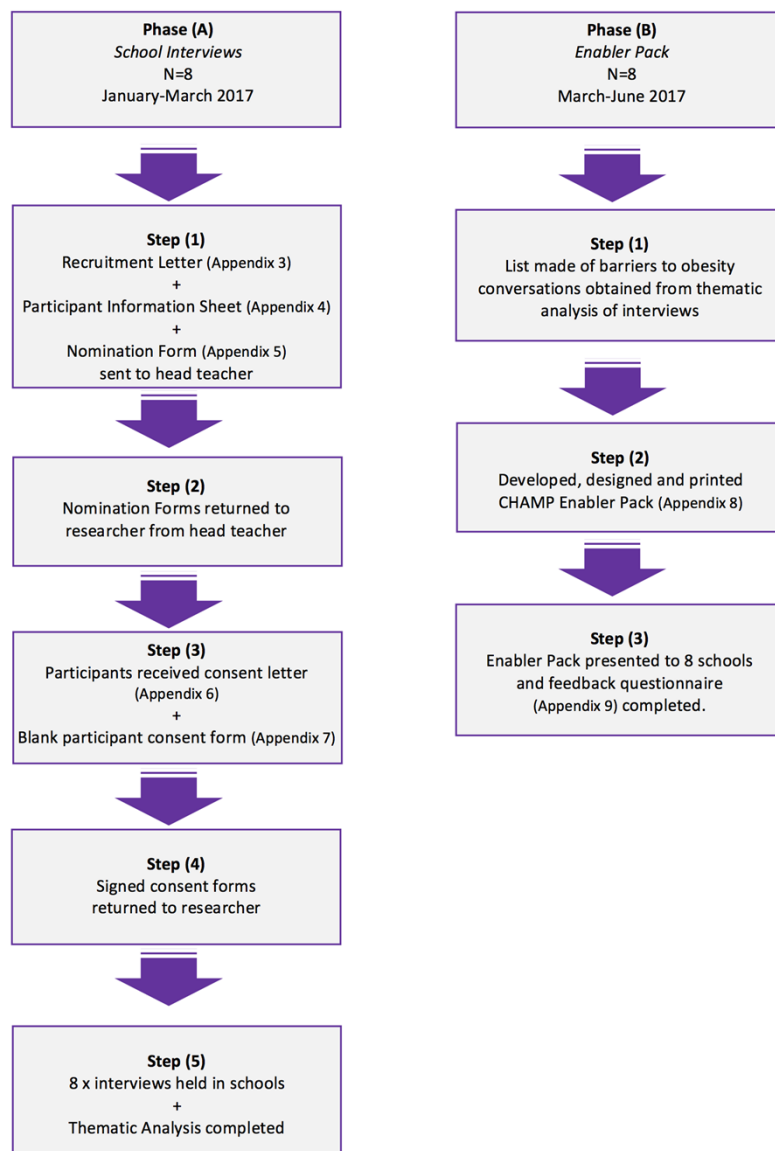


FIGURE (1): The two phases of research.

Ethical Approval was granted by The University of Chester University Research Committee (Appendix 10).

Analysis

Firstly, the researcher read interview scripts to become familiar with the content and began highlighting any data that related to the research topic as per the Braun & Clarke (2006) process. These initial codes generated were marked by placing handwritten notations alongside the quotes describing how they fit with the research subject, Braun & Clarke (2013). Data were interrogated again for patterns by re-reading coded transcripts and more formally coding sections together into 'analytic categories', Frith & Gleeson (pg42 2004). This was achieved by using a colour-coding scheme which clearly identified categories (example coded transcript, Appendix 11). The same data excerpt could be used in more than one category. This identified key aspects of education professionals' knowledge of existing childhood obesity interventions, if they believed it was an important focus for a school, any consequences of obesity and possible barriers or facilitators to talking about it with parents. Groups of related categories were clustered together to form the super-ordinate themes. This first thematic analysis resulted in 36 categories which were grouped into 5 distinct themes (Appendix 12).

To enhance the internal validity of a qualitative study Denzin (1978) and Patton (1999) identified 4 types of triangulation. Here, the option of researcher triangulation was chosen and hence initial themes and clusters were revisited by the researcher plus selected peers. This gave multiple perspectives on the themes and shed light on any blind spots in the initial interpretive analysis. Concerns were raised about the number of categories resulting in a dilution of pertinent insights.

Evidence suggests the Social Ecological Model (SEM) Bronfenbrenner (1979) can be applied to the problem of childhood obesity, Schwimmer (2005). The SEM appropriately proposes

concentric layers of influence on a child's weight status and is frequently used in childhood obesity prevention studies (Elder et al., 2007; Lytle, 2009). Therefore, categories were re-aligned to the SEM to generate the final thematic structure of 5 super-ordinate themes and 11 categories.

RESULTS

By capturing the profile of schools and interviewee job roles this enabled a better understanding of the social setting and professional remit of participants.

Table (1): School profiles and job roles of participants interviewed (n=8)

	Number of children in the school	IMD Decile (Dept of Communities & Local Government, 2015)	FSM entitlement	2016/2017 % Overweight & Obese children	Participant Number	Professional Role
School (1)	452	1	321 (71%)	27.6%	P (1)	Pastoral Lead
School (2)	234	3	107 (46%)	24.4%	P (2)	Headteacher
School (3)	483	6	236 (49%)	25.5%	P (3)	Headteacher
School (4)	465	1	285 (61%)	33.7%	P (4)	Inclusion Manager
School (5)	208	1	165 (79%)	33.9%	P (5)	Assistant Head
School (6)	234	1	139 (59%)	25.2%	P (6)	SENCo
School (7)	117	7	114 (97%)	8.4%	P (7)	Assistant Head
School (8)	671	1	520 (77%)	24.5%	P (8)	Assistant Head
Manchester				26.1%		

Using the ecological framework 5 over-arching themes and 11 categories were identified (Figure 2).

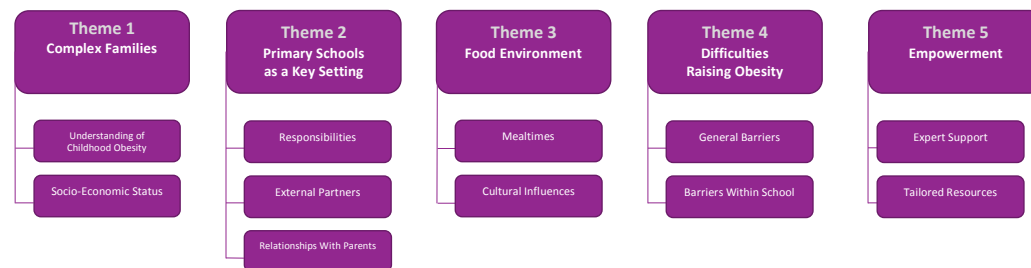


Figure (2): Thematic Analysis themes

THEME (1)-COMPLEX FAMILIES

Stakeholders felt the heaviest children usually led to the most complex families. These families invariably had chaotic lives involving unemployment, safeguarding concerns and financial constraints. At its core this meant these parents or guardians did not prioritise a healthy lifestyle for their families. Often the weight problem extended to the whole family and consequences such as poor dentition were left unaddressed.

'It's trying to get them into a mind-set isn't it. When I was looking at it, this Mom, you know they come in and they have teeth missing....if they can't do it for themselves, they are overweight themselves' (P3)

This apparent lack of understanding of the seriousness of obesity and long-term consequences could stem from cultural differences and/or socio-economic status. Many families are recent migrants to the country and have particular feeding practices that are not typical in England e.g. a Somali practice is to add numerous spoonfuls of sugar to a child's milk. Many parents report unhappy school experiences themselves and as a result

can react aggressively to schools intervening in their family life.

'Parents who are quite defensive and might have low self esteem themselves. Some of them have had bad experiences in their own school and are reluctant to come in and speak to teachers' (P6)

'At one point the parent told a member of staff that she wanted my head on a plate' (P2)

Educationalists viewed socio-economic status as a fundamental contributor to a child's weight status. From living in blocks of flats with minimal open spaces for exercise,

'You know you would not play out around here it is not a nice place..... I think certainly in more affluent areas you won't have the same problems because people are just more into it' (P3)

to food supply challenges where families are living on a tight budget.

'A lot of our parents have to access food banks because they can't afford to have the food that maybe we could afford' (P4)

'I am sure a lot of parents would turn around and say well to eat healthily is more expensive so it's that sort of knowledge that they need' (P8)

The one school in the cohort from an affluent area had a contrasting view on how socio-economic status of pupils can impact eating patterns,

'We actually struggle more with children who are very controlling over their own dinner. Will only have a jacket, will only have it with this, can you take the skin off. We have more problems with fussy eaters than we do with over eaters' (P7)

Generally, complex families have had previous interactions with outside agencies such as social services or safeguarding nurses. Hence, excuses and explanations are often at the ready to rebuff any concerns raised by school staff,

‘Mom came up with loads of excuses as to why she couldn’t get clothes to fit him’ (P2)

Stakeholders recognized the link between family structure and the risk for obesity and therefore took a holistic approach to these complex children. They would look at the full set of circumstances around the child and support the whole family.

‘Other parents in that conversation have been quite open about the situation at home and then it helps you understand say that is why they have come into school tired that day or they have not got the tight shoes on’ (P6)

THEME (2) – PRIMARY SCHOOLS AS A KEY SETTING

All participants thought schools have significant role to play in addressing and preventing childhood obesity. By their nature schools put children at the fore of everything they do and hence feel they have accountability to the health of that child. The health agenda can be addressed through many aspects of the curriculum. From education about healthy foods in science, to maximising PE time and prioritising children with weight concerns for after-school activity clubs. Schools focus on academic achievement and well being for all children.

‘Lifestyle is actually more important than your academic education to be honest’ (P7)

From a young age children spend considerable time at school and this affords staff the opportunity to intervene as early as possible prior to a transition to high school.

'There are significant changes throughout those years and by the time the children are leaving in year 6 it is almost too late to be doing anything with them and their parents around obesity' (P2)

Schools report using this trusted relationship with parents to help initiate the difficult conversation about obesity. A senior staff member can report difficulties a child is having around PE or making friends to a parent. This is a credible 'way-in' for schools who are starting with an educational concern as a lead into a health concern. Stakeholders acknowledged the myriad of consequences associated with obesity and were united in their desire to stop the obesity epidemic.

'Not making our children healthy and making them into unhealthy adults and successful in the future is neglect' (P5)

Conversations about obesity can start on a negative note because of historical issues with complex families. In these circumstances schools demonstrate versatility in their approach. They can call in another member of staff or approach a different family member.

'When I explained to the Grandparents what the schools' concerns were, what my concerns were and why I spoke to Mom they were much more understanding' (P2)

There were numerous 3rd party agencies mentioned who offer schools vital support around obesity e.g. CHAMP, Healthy Schools Programme, Manchester CityCooks and the school nurse. Although members of senior leadership teams were not intimidated by raising a sensitive subject like obesity they were concerned about giving correct advice. In particular, schools commented on constraints they experienced in the absence of having their allocated school nurse half a day a week.

'We have to be careful we aren't health professionals, so we have to be careful we can't give health advice but we can give lifestyle advice. It's such a difficult balance' (P5)

THEME (3) – THE FOOD ENVIRONMENT

A common theme emerged around how schools can partner with parents with regards to healthy nutrition. Parental education and involvement through workshops and drop-ins were mentioned as important to ensuring healthy school lunches were provided. The focus of such workshops were healthy lunchbox ideas or the tasting of nutritious hot dinners which all key stage 1 pupils can access for free.

'We have done lots of workshops, lots of drop-ins. The last one we did parents came in, we talked about healthy eating...we gave parents things to do. We gave them pictures that they had to find what was the right thing in the lunchbox and what wasn't. It was really good because they could see for themselves' (P1)

School lunchtimes were recognized as a key chance to promote healthy food choices. This was achieved through implementation of an 'only water or milk' drinks policy, the advocacy of 'teeth friendly snacks' and monitoring of lunchboxes. Such policies were very useful to defer to when parents were called about inappropriate foods being brought into school.

'Lunchboxes are a big thing for us. Children will bring things in from the night before. Say they have a takeaway the night before it's just cold in their lunchboxes' (P8)

Stakeholders generally felt their hot meal provision should be consistent with other healthy eating messages in the school. Therefore, many schools work continuously with catering

partners to ensure only correct portions of nutritious foods were offered to children.

'In the last few years we have reviewed our lunchbox policy and hot meals provision and reduced the cakes and sweet treats children get. We have also reduced the size of the biscuits. All staff are very aware who does not need to have seconds. So they try and limit those children to just having one portion of food with only one pudding afterwards' (P2)

School staff believed role modelling was an effective approach to get the younger years making healthy choices at lunchtime. Schools unanimously accepted they should set a good example for the children.

'Some of the staff do have a school dinner. So, if they are on lunch duty they might actually have their dinner in the hall with the children, choosing from the same food as the children. Em, modelling wise especially with the younger ones who find it hard to choose or are a bit more fussy with their food because what they have here might be different to what they have at home' (P6)

Occasionally, when schools attempted to change food or drink policies they met with resistance from parents. This generally stemmed from a concern that children would only eat what the parent had provided and although unhealthy it was better than nothing.

'At the start of this term we got rid of everything apart from.. at first we said it has just got to be water and we had a massive backlash' (P3)

Culture was frequently cited as significantly influencing eating patterns. Particularly for recent migrants to England. Schools understand parents may have come from circumstances of starvation and hence react to a new host country which offers an

abundance of food by over-feeding their children.

'I think they tried to say it was more of a cultural thing as well, that this is what we do.

Maybe that's different if you are living in the country that they have come from and food is difficult' (P8)

Schools reflected on how this cultural influence becomes diluted over time as the process of acculturation unfolds. One participant recounted how she discussed the daily chocolate spread sandwiches with a recent Polish migrant family but remarked how it did not stop until one year later. This highlights the importance of judging the right time for a family to make health behaviour changes.

'She was bringing in chocolate spread sandwiches instead of having a free school meal. And it was by us saying now you don't need to get lunch for her, it will help you with your financial state, her daughter is a year older and not just moved from Poland'

THEME (4) – DIFFICULTIES RAISING OBESITY

Obstacles to tackling obesity in schools can originate from the external or internal environment. Schools see their role as supportive to parents who have the ultimate responsibility for their child. The primary barrier to obesity prevention in schools arose when parents did not provide a healthy lifestyle for their children. One reason cited was a fear of stigmatization for taking part in an activity because of a child's weight. This lack of engagement by parents could manifest in the home setting or by non-compliance with school efforts e.g. healthy lunchbox policies. One head teacher felt the only way to

overcome this barrier would be to allow schools complete control over lunchtimes.

'I would love to not have packed lunches at all. I would love to say we don't do packed lunches everyone is having a school meal and then we can really monitor and see what they are having' (P3)

Participants considered the lack of external agency support for parents a significant challenge. Educationalists recognise they are not healthcare professionals and they need to refer parents onto trained experts for further support. This anxiety around a lack of back up was compounded in the schools currently without a school nurse.

'We have to be careful we aren't health professionals, so we have to be careful we can't give health advice but we can give lifestyle advice. It's such a difficult balance' (P5)

Lack of appropriate resources and time impeded schools ability to raise obesity concerns with parents. Some participants spoke of a 'dread' associated with raising such a sensitive subject and how defensive parents might be.

'You don't want to pull that parent in while other people could overhear, so it's all about making sure you do it at the right time isn't it and in a confidential way' (P4)

Stakeholders called for new training and materials to enhance their technical knowledge, skills and confidence to discuss childhood obesity more effectively with parents.

'When it's appropriate to say something and signs to look out for because you don't want to assume a child is obese and they are not So it would be good to have something to refer to which says, if you notice these sorts of signs and these are the things you could go to parents with. They the key terminology and language to use and where to signpost parents' (P6)

THEME (5) - EMPOWERMENT

Participants were consistent in their view that outside agency support was essential to reinforce their efforts to address childhood obesity. Dietitians, school nurses and other health specialists can help when a school has limited capacity, resources, knowledge and skills to raise weight concerns with parents. This support was seen as facilitating a shift in advice from subjective conjecture to objective facts; in particular when identifying and confirming a child's weight status.

'None of us are health specialists here, we go on the advice of the school nurse or CHAMP.

Other than that we can only use personal judgement or common sense' (P6)

'Having that practical data, information rather than us looking at a child and going, mmmm, he looks a bit big' (P2)

In order to sustain childhood obesity preventative work school staff felt additional training would be required. As non-clinicians they indicated a pathway to guide them through these sensitive conversations would be very useful.

'I think it's the language. I think it's about what to use, how to say it to people' (P1)

'The conversations are not a problem, it's the facilitation of them, it's the getting them going' (P7)

CHAMP ENABLER PACK FEEDBACK (Appendix 13)

All participants were senior leadership team members. 100% of schools found the pack 'easy to understand' and a further 50% found it 'easy to use'. On a scale of 1 to 10 (1 = of no use) 87.5% of participants gave the pack a rating of "10" for 'increasing awareness of

children with weight problems’ and ‘how to initiate and structure a conversation about weight’. 75% gave a rating of “10” for improving understanding of how a whole school should approach obesity, how to deal with resistant parents and where to signpost families to. 100% of schools described the pack as “useful”, “evidence based” and “factual”. A further 62.5% also selected the descriptors “unique” and “reliable”.

DISCUSSION

This research was motivated by a call to action from previous studies to identify the necessary knowledge and skills school staff require to tackle the childhood obesity agenda, Howard-Drake & Halliday (2015) and to seek out the views of under-represented stakeholders such as head teachers, Clarke et al. (2013).

MAIN FINDINGS

By assessing findings in the context of the SEM, layers of influence on a child’s obesity risk become apparent. Similarly, Ohri et al. (2016) mapped the different strata of the SEM which influence a child’s overweight or obese status (Figure 3).

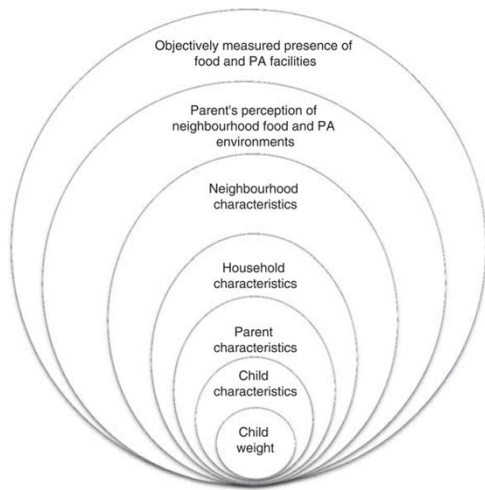


Figure (3): Socio Ecological Model showing layers influencing a child's weight status, Ohri et al. (2016)

Firstly, the socio-economic status of the children in this cohort of schools had a direct impact on their risk of obesity. Evidence demonstrates that social and environmental factors influence eating and activity behaviours (Bleich, Ku & Wang, 2011; Prentice & Jebb, 1995) and the prevalence of childhood obesity is aligned to social inequalities, Singh, Kogan & van Dyck (2008).

This increased vulnerability was as a result of complex family circumstances, an ethnic minority background, financial constraints and the surrounding built environment. For example, children from a single-mother household are at an increased risk of obesity, Schmeer (2012). Studies examining inner-city low-income populations similar to those investigated here show that living close to fast food outlets and convenience stores that sell unhealthy foods is linked with a higher weight status (Laska et al., 2010; Leung et al., 2011). Class and race also have a role to play in increasing risk of obesity. Children in racial minority groups exhibit higher rates of obesity than white children, Cossrow & Falkner (2004). The built environment presented a real barrier to Manchester families increasing levels of

activity e.g. no green space. Therefore, a neighbourhoods' socio-economic status can influence the types of facilities available to local residents (Gordon-Larsen, Nelson, Page & Popkin, 2006; Pearce, Blakeley, Witten & Bartie, 2007).

These findings illustrate how a multi-factorial health problem such as childhood obesity is very difficult for complex families to overcome, the odds are stacked against them.

Consequences are clear: socioeconomic inequalities result in increased morbidity, Asaria, Doran & Cookson (2016). Hence, obesity prevention efforts should focus on engaging parents in the most deprived neighbourhoods to improve the health of Manchester's lower-income communities.

Secondly, community level factors such as schools and healthcare influence a child's weight status. Participants universally accepted the important and privileged role they have in childhood obesity prevention Khambalia, Dickinson, Hardy, Gill & Baur (2012). School staff are in a unique position to engage with parents throughout a 7-year educational relationship with pupils. The regular opportunities school-life affords education professionals to raise weight concerns is why they are championed to facilitate childhood obesity interventions, Lloyd et al. (2017). They have coal-face experience of the wide ranging consequences overweight and obesity can cause (Caird, 2011) many of which impact directly on their primary goal of education, Story, Nannery & Schwartz (2009).

Despite this overwhelming desire to tackle the obesity epidemic all participants discussed barriers to achieving this goal. These included time constraints, how to identify children of concern, what language to use with parents, a lack of understanding and skills to credibly address childhood obesity and minimal external specialist support. There are multiple perceived barriers because obesity is such a complex and sensitive subject to raise, Howard-

Drake & Halliday (2015). These findings suggest it would be misplaced to assume the desire schools feel to tackle childhood obesity directly translates into a capability to do so. In order to bridge this gap of knowledge and confidence staff requested extra training and resources. As per NICE (article 1.1.5.3, 2006) all staff should 'receive training on the importance of healthy-school policies and how to support their implementation'.

The final layer of influence to be considered is the multi-systems environment around schools. These include public, private and non-profit sectors that are essential for schools to use to achieve impactful and sustainable obesity interventions, Huang, Grimm & Hammon (2011). Manchester schools are already putting this approach into practice. For example by partnering with Manchester City Football club to delivery healthy cooking and physical activity sessions and contributing to CHAMP research projects.

This study shows schools are not homogenous environments made up of staff with different skills and families with disparate needs. Therefore, they cannot be viewed as uniform bodies that are oblivious to external influences such as the obesogenic environment, Franks et al. (2007). Each school's individual set of needs, cultural make-up, built surroundings and previous experiences will directly affect how they engage in childhood obesity preventative strategies, Power, Bindler, Goetz & Daratha (2010).

This study considered the diversity schools experience yet one concern remained central to raising obesity and that was guidance from health experts. Evidence states schools have previously looked to external agencies for appropriate resources on childhood obesity, Clarke et al. (2013). Hence, the CHAMP enabler pack was developed to provide a pathway for educationalists to follow and accurate facts they can pass onto parents. This exemplifies a multi-systems approach to tackling childhood obesity in schools by distilling the

knowledge and experience of healthcare professionals into a usable resource suitable for all school environments.

CHAMP can offer reports on school level overweight and obesity rates. This is of significance because schools consistently underestimate the prevalence of obesity in their schools, HSCIC (2013). Further research should look to explore the effects on obesity rates of a meeting to combine a school-level CHAMP report plus a CHAMP enabler pack training session with education staff. This would provide both the impetus and skills to drive action against childhood obesity.

STRENGTHS AND LIMITATIONS OF THIS STUDY

Although qualitative methods were suitable for this research it's implementation presented some limitations. There was gender bias amongst the participants, all of which were female. However, this is typical of primary schools, which have mostly female employees, Mistry & Sood (2015). No socioeconomic information on the actual participants was collected which could have influenced their relationships with complex families. The sample was small and all 8 schools were from Manchester City, therefore results cannot be assumed to be representative of all primary schools across England. Yet, qualitative research studies are intended to study a specific phenomenon in a certain population in a particular locality therefore generalizability of findings is usually not expected, Leung (2015).

Participants were made aware the researcher was a registered dietitian and many of the schools had an existing relationship with the CHAMP team. This could have influenced their view as to what was expected of them, Richards & Emslie (2000). Although this is a local and

small study it offers new insights into what specific resources and training schools need to raise obesity concerns with parents. It also evidenced the strong need to specifically support vulnerable families in lower socio-economic communities who experience many barriers to achieving a healthy lifestyle. Overall, these findings provide useful data and a developed training pack for healthcare specialists who aim to engage with and support primary schools to address childhood obesity.

CONCLUSION

Senior leadership teams in primary schools recognize the important role they have in preventing childhood obesity. However, there are organisational and individual barriers that exist such as lack of time, confidence or technical knowledge that hinder conversations with parents about childhood weight concerns. To increase a school's overall ability to prevent childhood obesity annual feedback on their obesity rates should be provided to the head teacher in conjunction with an enabler pack training session for staff. This would supply both the impetus and the skills to drive action.

To facilitate this, external partners such as the CHAMP, the school nursing team and the healthy schools service will all have crucial roles to play. This 'back-up' was viewed by schools as fundamental to giving them the confidence, skills and extra capacity to reduce the incidence of childhood obesity.

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APPENDICES

Appendix (1): Participant inclusion and exclusion criteria

INCLUSION CRITERIA	EXCLUSION CRITERIA
Extended measurement programme	If opted-out of any of the initiatives
CHAMP Values workshops	Could not nominate a suitably qualified candidate for interview
Manchester CityCooks sessions	
Critical Connections dietetic intervention	

Appendix (2): Interview Topic Guide.

Interview topic Guide

Interview Questions:

Outline of education professionals experience of obesity as a school priority.

1. Can you describe the current approach to childhood obesity in your school?
 - Give me an example of a particular intervention the school uses.
2. Do you think childhood obesity is an important focus for the school to have? (prompts if needed, e.g. mention of health and social consequences)

Overview of previous experiences of weight-related conversations with parents.

3. Describe previous conversations you have had with parents about childhood obesity.
 - Why did you think it was necessary to raise this topic?
 - How did you feel having these conversations?
 - How effective would you say your interactions were?
4. How did the parents react?
 - Why do you think that in particular stands out in your memory?
5. What worries or concerns do you have around this topic?
 - How to initiate the conversation?
 - Previous training / need for training?
 - What language / terminology to use?
 - Any time constraints?
 - Lack of technical knowledge?
 - How to refer to other services and which ones to choose?
6. What sorts of things would make it easier to start these conversations?
 - How do you think others in the school would tackle this topic with parents?
7. Why do you think it matters that education professionals feel confident to raise this issue?
 - How would you feel about having training to give you the necessary skills to raise the topic of obesity?
8. Is there anything else you would like to add?

Central Manchester University

NHS I



Alexandra Park Health Centre
2 Whitswood Close
Manchester
M16 7AP

Dear Headteacher,

A focused qualitative assessment of primary-school education needs to inform tailored resources supporting childhood obesity.

Thank you for considering to take part in this research study.

A project Information Sheet is attached to help you decide as to whether you wish your school to participate. Please read the project outline carefully as it details the process of the study as well as key points to consider before you agree to consent.

If you would like your school to participate, could you nominate one qualified education professional on your staff who has the time and would benefit from partaking in this research.

Please fill in the attached nomination form by January X 2017 and return it to me by hand, or by post in the stamped addressed enveloped provided.

Thank you for your time,

Sorcha Mc Namara
Community Dietitian



Participant information sheet

A focused qualitative assessment of primary-school education needs to inform tailored resources supporting childhood obesity.

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

What is the purpose of the study?

The aim of this study is to explore how education professionals currently initiate the conversation of childhood obesity with parents and to get a better understanding of the barriers to starting such dialogue.

In response to the information provided by the interviews an 'Enabler Pack' will be developed to provide skills and knowledge to make it easier and support effective engagement with parents on this topic.

Why have I been chosen?

You have been asked to take part as your school has been heavily involved in previous CHAMP activities. You personally have been nominated by your Head as someone who may benefit from these new skills and may have opportunities to put them into practice.

Do I have to take part?

It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect you in any way. If you choose to withdraw your data will be used up to the point you leave unless you request otherwise.

What will happen to me if I take part?

If you are nominated to take part an experienced researcher will telephone you to arrange an interview. This first interview will last 20–30 minutes. The researcher (a registered dietitian) will ask you questions regarding your experiences of conversations with parents about

obesity and any difficulties you encountered. There are no right or wrong answers I am just interested in your own experiences.

With your consent the researcher will audio-record the interview with a voice recorder. If you are not happy for the interview to be audio-recorded it will not be possible for you to take part in the study because it is difficult for the researcher to listen carefully to you and take detailed notes at the same time.

A second interview will be held approximately two months later. This meeting again will last 20-30 minutes and be audio-recorded. The researcher will present you with an 'Enabler Pack' and look for feedback on its viability for use in primary schools.

What are the possible disadvantages and risks of taking part?

A possible disadvantage is the time you will have to allocate to interviews.

What are the possible benefits of taking part?

Providing school educators like yourself with evidence-based methods and resources to support parents *may* increase your skills and confidence to *broach* the sensitive subject of childhood obesity. Outcomes of this research will enhance existing knowledge in this area and therefore you will contribute to decisions made within future public health planning.

What if something goes wrong?

If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this study, please contact Dr. Chris Haslam the Dean of the Faculty of Life Sciences, University of Chester, Parkgate Road, Chester, CH1 4BJ, 01244 513055.

Will my taking part in the study be kept confidential?

All information which is collected about you during the course of the research will be kept strictly confidential so that only the researcher carrying out the research will have access to such information.

Participants should note that data collected from this project may be retained and published in an anonymised form. By agreeing to participate in this project, you are consenting to the retention and publication of data.

What will happen to the results of the research study?

The results will be written up into a dissertation for my final project of my MSc. Individuals who participate will not be identified in any subsequent report or publication.

Who is organising the research?

The research is conducted as part of an MSc in Nutrition and Dietetics within the Department of Clinical Sciences & Nutrition at the University of Chester. The study is organised with supervision from the department, by Dr. Alison Woodall, a Registered Dietitian and a Senior Lecturer in Nutrition and Dietetics.

Who may I contact for further information?

If you would like more information about the research before you decide whether or not you would be willing to take part, please contact:

Sorcha Mc Namara: Sorcha.mcnamara@cmft.nhs.uk

Thank you for your interest in this research.

Central Manchester University Hospitals

NHS Foundation Trust



Alexandra Park Heath Centre
2 Whitswood Close
Manchester
M16 7AP

Dear Headteacher,

A focused qualitative assessment of primary-school education needs to inform tailored resources supporting childhood obesity.

Thank you for considering being involved in this research study.

A project Information Sheet is attached to help you decide as to whether you wish your school to participate. Please read the project outline carefully as it details the process of the study as well as key points to consider before you agree to consent.

If you would like your school to participate, could you nominate one qualified education professional on your staff who has previously had conversations with parents about childhood obesity, has the time and would benefit from partaking in this research. Please share the project information sheet with them to help answer any questions they may have.

Next, please complete the attached nomination form by January X 2017 and return it to me by hand, or by post in the stamped addressed enveloped provided.

Thank you for your time,
Sorcha Mc Namara
Community Dietitian

Central Manchester University Hospital

NHS Foundation Trust



Alexandra Park Heath Centre
2 Whitswood Close
Manchester
M16 7AP

Dear Mr./Ms. X,

A focused qualitative assessment of primary-school education needs to inform tailored resources supporting childhood obesity.

You have been nominated by your Headteacher as a suitable candidate to potentially take part in this research study. Please do not feel obliged to contribute, it is completely your choice if you would like to be involved.

A project Information Sheet is attached to help you decide as to whether you wish to participate. Please read the project outline carefully as it details the process of the study as well as key points to consider before you agree to consent. It is important to this project that you have previously undertaken some conversations with parents around childhood obesity.

If you would like to participate please fill in the attached 'Participant Consent Form' form by January X 2017 and return it to me by hand, or by post in the stamped addressed envelope provided.

Thank you for your time,

Sorcha Mc Namara
Community Dietitian

Appendix (7): Blank participant consent form



University of
Chester

Title of Project: A focused qualitative assessment of primary-school education needs to inform tailored resources supporting childhood obesity.

Name of Researcher: Sorchá Mc Namara

Please initial box

- | | |
|--|--------------------------|
| 1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my legal rights being affected. | <input type="checkbox"/> |
| 3. I agree to take part in the above study. | <input type="checkbox"/> |
| 4. I agree to the audio recording of my interviews for this research project. | <input type="checkbox"/> |

Name of Participant

Date

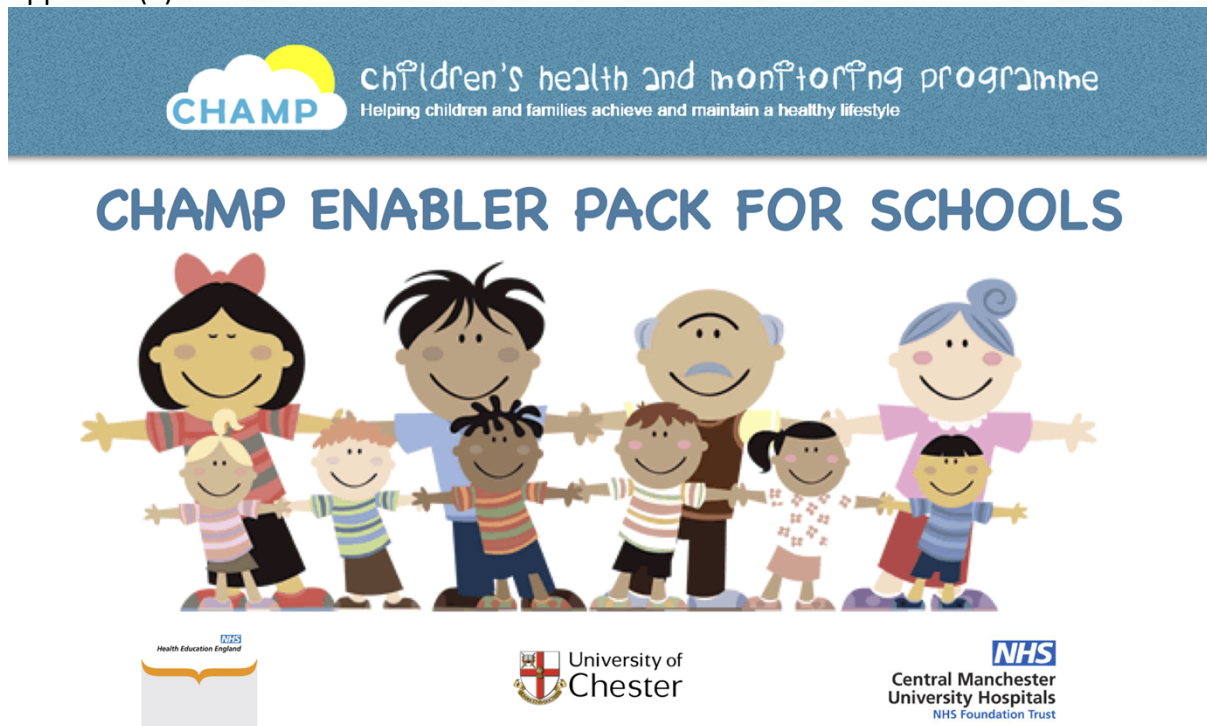
Signature

Researcher

Date

Signature

Appendix (8): Artwork for CHAMP Enabler Pack



Developed by: Sorcha McNamara BSc (Hons), MA, RD



The CHAMP Pathway



Contents:

- (1) THE IDENTIFICATION OF PRIMARY-AGE CHILDREN WITH WEIGHT-RELATED CONCERNS
- (2) HOW DO I PREPARE FOR A COURAGEOUS CONVERSATION?
- (3) HOW CAN THE WHOLE SCHOOL CULTURE HELP?
- (4) CONNECTING WITH FAMILIES – How to have the conversation
- (5) WHERE CAN WE SIGNPOST FAMILIES TO?
- (6) APPENDICES

(1) THE IDENTIFICATION OF PRIMARY-AGE CHILDREN

If there are concerns about a child's weight, the effects of this can be displayed in many parts of that child's life.
Here are some signs to watch out for at school

PHYSICAL

- Difficulties Engaging With PE, Activity Clubs, Day Trips or Lunchtime Games
 - Classroom Mobility
- Shortness Of Breath
- Ill-fitting School Uniform

SOCIAL

- Withdrawn From Groups Of Friends
- Teasing & Bullying
 - Isolated

EMOTIONAL

- Difficulties Attaining In School
 - Lacking In Confidence
 - Poor Concentration



Visual assessment of a child's weight status is unreliable

CHAMP recommends one of the following sources to help clarify/alleviate any concerns.

SCHOOL NURSE

Raise the concern with your school nurse and ask them to contact CHAMP (via email or telephone) to confirm the child's BMI status.

CONTACT CHAMP

Any School Staff member can contact CHAMP.
A specific Child's results can then be communicated from CHAMP to the school nurse, who can clarify if any further action is needed.

CHAMP REPORTS

In 2016/17, for the first time CHAMP provided year-level feedback to schools. This data presents trends very clearly. Such facts can be useful when allocating school resources.

CHAMP-LED INTERVENTION

Occasionally, CHAMP will target specific children and their families for extra support.
A member of the CHAMP team will meet with the school and share the names of the children involved in the intervention.



(2) HOW DO I PREPARE FOR A COURAGEOUS CONVERSATION?

STEP (1) - Questions to consider in advance

By considering the following questions in advance, some of the difficulties experienced when raising a weight concern can be pre-empted. This preparatory work will also allow time to think about potential contributing factors to the weight concern.

- Does the child have any existing problems? (Medical, Behavioural or Learning Difficulties)
- Are there any safeguarding concerns for the child or any other child in the family?
- Has the child recently arrived in the country?
- Are there any possible language barriers?
- Do I need to arrange for an interpreter to attend?
- Is there a family-wide weight concern in this case?



STEP (2) - Consider previous training

- Previous training on how to cope with challenging topics or circumstances could be applied to the topic of weight.
- Members of the school senior leadership team may have transferable skills that can support these conversations.
- Consider inviting experienced staff members or the school nurse to attend meetings to help guide the discussion.



Discussion Points	Possible Answers
Child X is just tall	CHAMP charts are based on BMI, this is a calculation of weight in context of a child's height.
Child X will grow out of their 'puppy fat'	CHAMP charts are based on national growth data and already take into account changes in a child's growth.
Child X has tea with Gran because of nightshift work	To make long-term changes all family members involved in providing meals must be on board.
Other siblings are skinny and like sweets and chocolate	No child needs sweet treats, they have no nutritional value and are detrimental to dental health. It removes the battle if the treats are not in the house.
It's too expensive to buy healthy food	It is possible to make healthy meals for a family on a budget (See Appendix 1)
What weight should child X be?	As children are growing (unlike adults) there is no 'one' healthy weight. The green zone on the CHAMP chart is the healthy range for child X at age X.
When emotions get involved	I know this is a difficult topic but I really feel this discussion will benefit child X's health and schooling.
Should child X have full fat milk or semi-skimmed?	The Department of Health recommends semi-skimmed milk from age 2 years. Semi-skimmed is lower in fat and calories and higher in calcium than full fat milk.
What are correct portion sizes for a child?	See appendix (2 & 3). A child's own hand is the best guide of a suitable portion size for them.



(3) HOW CAN THE WHOLE SCHOOL CULTURE HELP?

Consistency is key.

It is important the school takes a unified approach to weight-related concerns.

Research shows that better life-long habits can be established earlier by schools equally valuing a child's health status and education attainment.

Every member of staff can support children and families to make the healthiest choices possible.



How a CHAMP CULTURE can be brought to life in schools:

(1) Teamwork & Communication

From front desk staff who greet parents in the morning to the Headteacher, all staff can play a role in keeping children healthy.

For example: If a lunchtime organiser notices child X has an unhealthy packed lunch, they can tell the class teacher who will call home. If no improvement is made in the child's lunch then the teacher (who may delegate this task) might escalate concerns to a senior leadership team member.

This simple example demonstrates how **everyone** in the school contributes to a child's health. It also illustrates the importance of **consistency** of approach and **communication** across all teams in a school.

(2) Health + Education Working Together

Senior leadership teams who achieve this balance often lead by example. This can demonstrate to all staff the value of a **holistic approach** to nurturing children into adolescence.



(3) Procedures and Policies

- The Healthy Schools Team are available to advise on writing and implementing policies.
- Have a healthy lunchbox policy and communicate it regularly.
- Provide appropriate school meals which are nutritionally compliant. Ensure lunchtime staff are given clear guidance on second helpings and puddings.
- Reduce the frequency of school puddings where possible and offer fruit / yoghurt instead.
- Have a clear policy on drinks and if possible offer drinking water regularly in school.
- Don't use sweets / cakes as prizes or to celebrate pupils' birthdays.
- If school provides a breakfast club ensure the range of cereal options are low-sugar and semi-skimmed milk is offered.
- Consider how the school can help parents put a value on being healthy for themselves
 - e.g. an exercise class for Mums after drop-off on a Friday morning.
- Maximise levels of physical activity during the school day – consider new initiatives such as 'The Daily Mile'. Recommended in the 2016 Obesity Strategy.
- Encourage ALL CHILDREN to engage in extra-curricular physical activity.

(4) CONNECTING WITH FAMILIES

– How to have the conversation

THE APPROACH

- Would you be willing to have a chat about how X is growing?
- You might know CHAMP measures the children every year, would you come in and chat to me tomorrow about X's results?
- We are a "Healthy School" and I'd like to talk to you about some concerns we have about X's health.

OPENING THE CONVERSATION

Try to find an 'in' to help open the conversation. It can be useful to start with a comment which is school related but will lead to the core weight concern.

- I have noticed that X is struggling to keep up in PE and is often out of breath, have you noticed anything like that too?
- Some of the lunchtime staff have noticed sugary snacks and fizzy drinks in X's lunchbox. Could you come and have a chat with me and our school nurse?
- X's class teacher unfortunately reported some name calling at lunch because X's jumper is too small. Could you come in to chat about it a bit further?

'OPPORTUNISTIC' CONVERSATIONS

Find a common ground and use it to broach the weight concern. This can be a useful approach for those 'opportunistic' conversations, for example,

- A conversation arises about a child's dental health.
- A conversation arises about fussy eating patterns or food allergies a child may have.
- A conversation arises about not being able to wear the prescribed school uniform because the jumpers are not big enough.
- A conversation arises around friendship concerns.

These opportunistic occasions, and many more, offer a chance for the school to say 'I hear what you are concerned about and we will help you with that. We can also discuss what we (at school) are concerned about.'

THE 'WHO'

If someone in the school has a good pre-existing relationship with a family, they are usually best placed to initiate the conversation.

If there is no pre-existing relationship with a family the recommendation is that a member of the senior leadership team should open the conversation. These staff members often have experience of emotional topics in their roles, they often have more flexibility than class teachers to schedule these holistic conversations and it attaches a level of importance to the subject.

THE 'WHEN' & 'WHERE'

To ensure no concerns are overheard by the child, the recommendation is meetings are held just after drop-off time or just before pick-up time.

Where possible meetings should happen in a private office.

School is coming from a position of support not judgement.



FACTS vs OPINION – WHAT INFORMATION TO GIVE

- If you have concerns about a particular child, a primary goal of initial conversations is to help parents register with CHAMP.
- If parents have already registered, ask them to log-in and view results together.
- This allows CHAMP to present the facts regarding a child's growth. – See CHAMP BMI chart (appendix 4).
- Regardless of CHAMP results, if there are still concerns about a child's growth agree a follow-up conversation with the school nurse.
- If CHAMP confirms a child is in the 'overweight' category you may want to consider the following phrases/guidance:
 - o Does this come as a surprise to you?
 - o The reason this causes us concern is, research shows if a child is overweight there is a 50% chance they will be overweight as an adult.
 - o Research shows that being overweight can have an impact on a child's happiness, educational attainment, and have health consequences such as: diabetes, heart disease and joint problems.
 - o Evidence shows that the earlier in a child's life we make changes, the better.
 - o Encourage growth monitoring weekly at home, aiming for weight stability.
 - o For an interim conversation about nutrition and diet, signpost parents to the CHAMP email address or CHAMP telephone number. – See CHAMP Poster, Appendix 6

(5) WHERE CAN WE SIGNPOST FAMILIES TO?

THE CHAMP TEAM

www.champ.cmft.nhs.uk

Parents can contact a qualified nutritionist or dietitian by emailing champ@cmft.nhs.uk or phone 0797 694 7895.

School staff are also very welcome to contact the CHAMP team for peer support or guidance on how to approach a particular case.

SCHOOL NURSE

Every Manchester school has a dedicated school nurse

They can support you by accessing CHAMP data, providing guidance on healthy food choices, attending meeting with parents and on-going monitoring of children in primary schools.

ABL LIMITED

Manchester's healthy lifestyle programme for families which is provided by a company called ABL Health.

The programme is called FAB (Food, Activity, Balance) and it aims to support people in making long-term changes to their lifestyle.

ABL Health is a GP led organisation with a proven track record in delivering innovative community health improvement programmes across the North of England.

More information about ABL Health on their website:

www.ablhealth.co.uk

BUZZ

Manchester Health & Wellbeing Service

www.buzzmanchester.co.uk 0161 248 1767

Buzz aim to improve the health and wellbeing of people and communities in Manchester, to help individuals and families live fuller, healthier, happier and longer lives.

Health and Wellbeing Advisors will work on a one-to-one basis.



For more information and e-resources visit the "Supporting Your Child" pages of the CHAMP website:
<https://www.champ.cmft.nhs.uk/Home/HealthyLiving>

Appendix (1): Eating Healthily on a budget

APPENDICES

Scrambled Eggs & Tomatoes

'The most important meal of the day'



Serves 4

Each Serving costs £0.21

12 Mins

Starting Line-up

Starting Line-up	Why?
1/2 tbsp. Olive Oil	Contains healthier fats than butter
3 eggs	Source of Protein, promotes growth
2 tomatoes	Good source of fibre and vitamins
Pinch of salt and pepper	Taste

Tactics

- Heat oil in pan on low heat
- Pour in the egg and tomato mix into the pan
- Stir slowly with wooden spoon (3-4 mins)
- Remove from heat when silky and slightly underdone

Try adding herbs and spices

Fact Ball

The average chicken lays 250-300 eggs per year

Main Up:

- Scramble eggs into bowl with a pinch of salt & pepper
- Whisk together
- Chop tomatoes

Turkey Burgers



Serves 4

Each Serving costs £0.80

21 Mins

Starting Line-Up

Starting Line-Up	Why?
400g Turkey Mince	Low in fat, cheaper to buy
1 Garlic clove	Source of Vitamin C
1 tbsp. olive oil	To cook
1 Onion	Source of fibre
2 tsp Coriander	For taste
1 egg yolk	Bind the ingredients
3 crackers	Bind the ingredients
4 wholemeal rolls	Source of fibre, slow release energy

Tactics

- Mix together mince, onion, garlic, coriander, egg yolk and crushed crackers with a little salt and pepper
- Combine with hands and shape into 4 burgers. Heat oil in a pan
- Add burgers to pan, turn regularly until cooked through (10 mins)
- Serve with salad, sweet potato fries and a roll (optional)

Try using different herbs & spices

Fact Ball

Beef is the most common meat used in burgers worldwide

Main Up:

- Chop onion
- Chop/crush garlic
- Separate egg yolk
- Crush crackers in a food bag

Pizza



Serves 4

Each Serving costs £0.80

Use the pasta sauce from week 3 on the pizza base

Starting Line-up

Starting Line-up	Why?
400g wholemeal bread flour	Forms pizza base
1 x sachet yeast (7g)	Makes dough rise
300ml luke warm water	Activate yeast
Pinch of salt	Flavour

Toppings:

1 Chicken Breast	Orange
Pepper	Red
Sweetcorn	Spinach
Onions Mushrooms	
Mozzarella Cheese	

Tactics

- Pile up flour and create well in middle, then add yeast & water
- Use fork to bring flour into the well and mix
- Roll dough into a ball and knead then allow to prove
- Once smooth and springy, split the dough and roll into pizza shape
- Add sauce to rolled out dough and add your choice of toppings

Fact Ball

The worlds largest pizza was nearly as big as 2 football pitches

Measure Up

Measure out flour
Add yeast to lukewarm water and mix with fork
Roll dough into ball
Knead dough around clock for 10 mins
Allow to prove

22 Mins

18

Chicken Fajitas



Serves 4

Each Serving costs £1.05

Starting Line-up

Starting Line-up	Why?
1 Red Pepper	Contains Vitamin C
1 Garlic Clove	Flavour
4 Wholemeal Tortilla Wraps	Slower energy release than white
2 Chicken Breasts	Protein Source
2 tsp Mild Chilli Powder	Flavour
1 tbsp. Olive Oil	Stops sticking to pan
1 Onion	Source of fibre
Low Fat Natural Yoghurt	Alternative to mayonnaise or dip

Tactics

- In a large non-stick pan, heat ½ tsp of oil
- Cook chicken over medium-high heat until no longer pink
- Add in peppers and onion, until peppers are tender and onion is translucent
- Add to wrap with natural yoghurt and salad

Fact Ball

Between the 1940's and 1980's corn tortillas were bought in cans

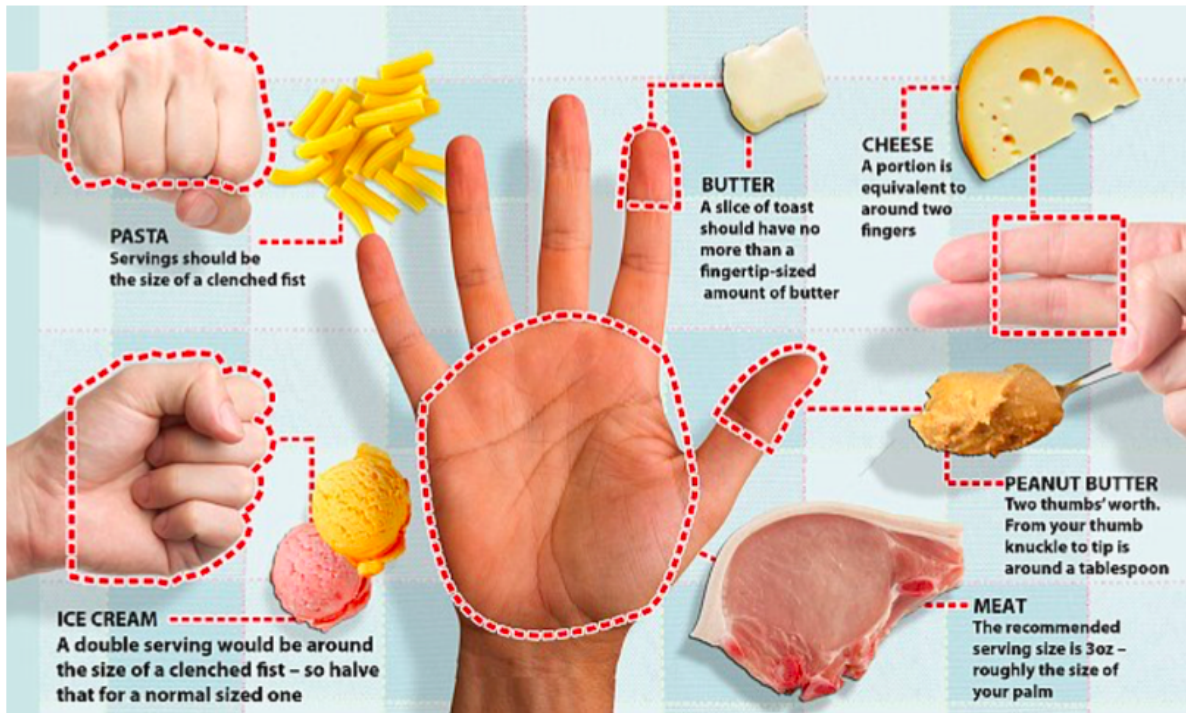
Measure Up

1 tsp olive oil
Add peppers
Slice chicken breast
Mix together mild chilli powder, salt, oil and sliced chicken

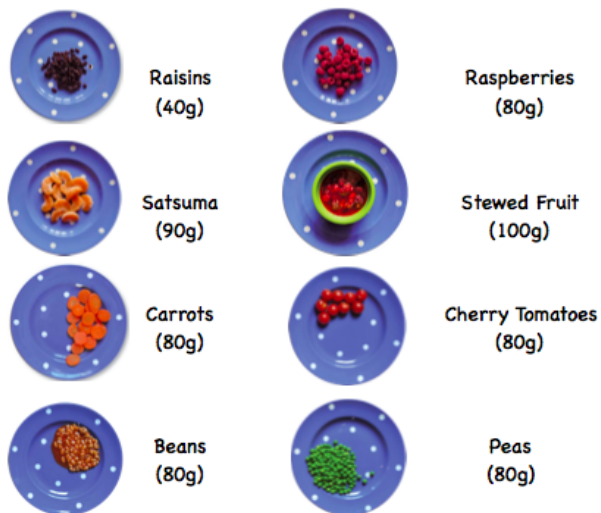
16 Mins

19

Appendix (2): Portion Size Guide

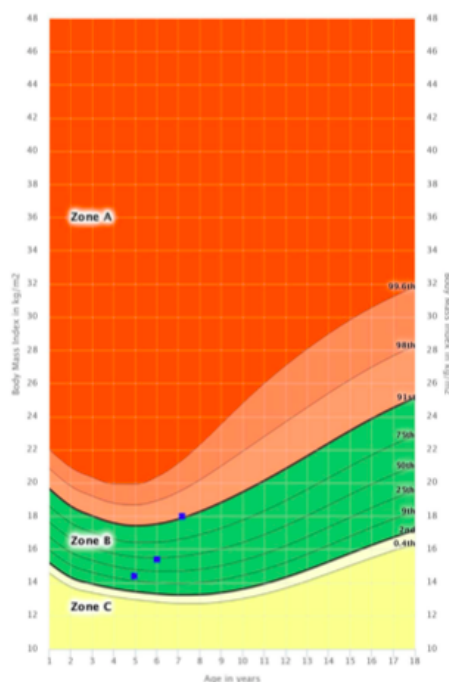


Appendix (3): Portion Size for Fruit and Vegetables



Appendix (4): The CHAMP BMI Chart & Categories

(key over the page)



Key to BMI chart

Zone A: Above recommended weight

This result suggests that your child is above the recommended weight for their height, age and gender. The further away from the Green Zone, the greater the risk to overall health and wellbeing.

Parents often cannot tell if their child is overweight and the result may come as a surprise. Health professionals are on hand to discuss the result with you offering expert support and advice and can be contacted by email champ@cmft.nhs.uk or by phone on the CHAMP Helpline 07976 947895 (8:30am – 5:00pm Mon-Fri). You can also view [Supporting your Child](#) for useful hints and tips.

Zone B: Healthy weight

This result suggests that your child is a healthy weight for their height, age and gender. It is important that children eat well and are active every day. Therefore please view [Supporting your Child](#) for useful hints and tips. We also recommend that you continue to use CHAMP to monitor your child's growth.

Zone C: Below recommended weight

This result suggests that your child is underweight for their height, age and gender. The further away from the Green Zone, the greater the risk to overall health and wellbeing. If you are concerned about your child's growth visit your GP to discuss the result further. More advice is available through [NHS Choices](#). You can also view [Supporting your Child](#) for other useful links.

Appendix (5): Keep On Track Diary



Appendix (6): Champ Poster



Do you know how your child is growing?

Welcome to CHAMP !

- View your child's measurements, whenever, wherever
- Track your child's progress
- Access information and support to help stay healthy

Register now at www.champ.cmft.nhs.uk

CHAMP Helpline 07976 947 895



CHAMP is delivered to you by Central Manchester
University Hospitals NHS Foundation Trust



Appendix (9): CHAMP Enabler Pack Feedback Questionnaire



Central Manchester University Hospitals



NHS Foundation Trust

ENABLER-PACK FEEDBACK QUESTIONNAIRE

School Name:

Job Title:

Qs (1): Did you find the enabler pack

- a) Easy to understand
- b) Easy to use
- c) If not please comment below

Qs (2): On a scale of 1 to 10, with 10 representing very useful and 1 of no use, how useful did you find the enabler pack at increasing your awareness of children with weight concerns?

1=Poor										Excellent=10		
1	2	3	4	5	6	7	8	9	10			Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>

Qs (3): On a scale of 1 to 10, with 10 representing very useful and 1 of no use, how useful did you find the enabler pack to start and guide you through conversations about weight?

1=Poor										Excellent=10		
1	2	3	4	5	6	7	8	9	10			Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>

Qs (4): On a scale of 1 to 10, with 10 representing very useful and 1 of no use, how useful did you find the enabler pack to improve your understanding of how the whole school can support children and families struggling to make healthy choices.

1=Poor										Excellent=10		
1	2	3	4	5	6	7	8	9	10			Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>

Qs (5): On a scale of 1 to 10, with 10 representing very useful and 1 of no use, how useful did you find the enabler pack to help steer you through these conversations and overcome any resistance you might meet?

1=Poor										Excellent=10		
1	2	3	4	5	6	7	8	9	10			Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>

Qs (6): Please rate (as a result of the enabler pack) how well informed you now feel as to other services you can refer families to?

1=Poor										Excellent=10		
1	2	3	4	5	6	7	8	9	10			Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>

Qs (7): Which of the following words would you use to describe the enabler pack?

Select all that apply.

- | | |
|---|---------------------------------------|
| Useful <input type="checkbox"/> | Complicated <input type="checkbox"/> |
| Unique <input type="checkbox"/> | Impractical <input type="checkbox"/> |
| Evidence Based <input type="checkbox"/> | Poor Quality <input type="checkbox"/> |
| Factual <input type="checkbox"/> | Subjective <input type="checkbox"/> |
| Reliable <input type="checkbox"/> | |

Appendix (10): University of Chester Ethics Approval

Approval 2016/17



**Faculty of Medicine, Dentistry and Life Sciences
Research Ethics Committee**

frec@chester.ac.uk

Monday, 30 January 2017

Sorcha McNamara
4 Woodhead Drive
Hale
Altrincham
WA15 9LG

Dear Sorcha,

Study title: A focussed qualitative assessment of primary-school education needs to inform tailored resources supporting childhood obesity.

FREC reference: 1223/16/SM/CSN

Version number: 1

Thank you for sending your application to the Faculty of Medicine, Dentistry and Clinical Sciences Research Ethics Committee for review.

I am pleased to confirm ethical approval for the above research, provided that you comply with the conditions set out in the attached document, and adhere to the processes described in your application form and supporting documentation.

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Application Form	1	Nov 2016
Appendix 1 – Summary CV for Lead Researcher	1	Nov 2016
Appendix 2 – CV for Additional Researcher (1)	1	Nov 2016
Appendix 3 – CV for Additional Researcher (2)	1	Nov 2016
Appendix 4 – Decision by HRA on NHS ethics	1	Nov 2016
Appendix 5 – List of references	1	Nov 2016
Appendix 6 – Letter(s) of invitation to participants	1	Nov 2016
Appendix 7 – Information sheets/letters to other relevant personnel	1	Nov 2016
Appendix 8 – Participant information sheet (PIS)	1	Nov 2016
Appendix 9 – Participant consent form(s)	1	Nov 2016

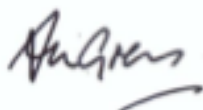
Approval 2016/17

Appendix 10 – Interview schedule(s) or topic guide(s)	1	Nov 2016
Response to FREC request for further information or clarification	1	Jan 2017

Please note that this approval is given in accordance with the requirements of English law only. For research taking place wholly or partly within other jurisdictions (including Wales, Scotland and Northern Ireland), you should seek further advice from the Committee Chair / Secretary or the Research and Knowledge Transfer Office and may need additional approval from the appropriate agencies in the country (or countries) in which the research will take place.

With the Committee's best wishes for the success of this project.

Yours sincerely,



Professor Ben Green
Chair, Faculty Research Ethics Committee

Enclosures: Standard conditions of approval.

Cc. Supervisor

Appendix (11): Coded transcript from participant (3).

S: Good morning J thanks for your time today. Just for the purposes of the recording I am in front of J it is a quarter to ten on the 2nd of March. Ok thanks J. I've just explained to you the purposes for the conversation and just to reiterate that. I'm undertaking a bit of research at the moment around how schools currently tackle the conversation of childhood obesity and maybe any challenges you have experienced personally or maybe anyone on your staff has and possibly anything we could do to develop some extra training that might give you the extra skills or confidence to have more effective conversations around weight related issues in the future.

So just to explore that a bit more today. Could you give me an idea of what your schools current approach is to tackling the conversation of childhood obesity with parents.

J: Well if I come at it from a different angle rather than the obesity bit we are a healthy school and we are constantly talking about sport and exercise. So on our school improvement plan PE would have equal status with maths, English and ICT. You know it's got it's own action plan, the assistant head in the school leads on it, so it has got a really high profile that would go from nursery all the way through school. There's a real emphasis on doing those weekly dance, gymnastics and games lessons but on top of that we also do like a daily mile. So from Year 1 up until Year 6, we want to do it as a daily mile but it has been hard to fit it into the curriculum. So it's 3 or 4 times a week children are expected to run, go outside and run for a sustained ten minutes to see how far they get. Then we set a benchmark and we keep going back to that each half term to see the levels of improvement. So it's really measured, we have a benchmark.

S: Just for interest, how are you measuring that? Is it just participation numbers or

J: How many children can do it for 10 minutes without stopping, so the percentage that could run for 10 minutes without stopping at the start and then at the end we will look and see what the improvement rate is. It's fairly basic but at least we are measuring it, yeah to get that indication. So we have got all of that in place. At play times and lunch times we don't just let the children and just play. We have got a raft of activities, so for example at lunchtime there would be hockey, basketball, football, cricket, rounders, dancing, skipping there would be. We are constantly going back to it and be we are not capturing that little group why are those children not joining in and really out for children and going right we need to put something else on. For example, we find the girls participation is less because of the things we are offering. So, when we went and asked them they said they wanted to have dodgeball then we put that on as an additional sport. I think we are really responsive to what is happening, em at play time a similar thing has happened. So children will go outside and be expected to play sport but at lunchtime we say you are not to just wander around you go and you find an activity. So they are constantly there and then we have masses and masses of after school clubs. I think next half term we have got over 250 children who are engaging in sporting activities after school and those are run by our teaching assistants or external providers. So there is a massive focus on sport and activity.

In terms of the lunches as well, we try really hard to the point where I will go and have a look at which children in reception, year 1 and year 2 are on packed lunches and have rung individual parents. I've tried a number of strategies to say to them, you know look, you might not have realised but you get free lunches, you can get a free school dinner because our packed lunches are really unhealthy. At lunchtime we have a lunchtime organiser who literally knows the individual sugar content and fat content of all the different drinks from Aldi, Asda, Tesco she knows. We got at the start of this term we got rid of everything apart from. At first we said it has just got to be water and we had a massive backlash, well not massive but it felt massive. You know when you are trying to introduce something new, quite

a few parents who were complaining that they couldn't have fruit juice. Even though we were saying, and I know it's not particularly to do with weight, look we are saying from dental health it's not advised to drink. You know it's still got sugar in it. We know it's healthy sugar as it were but it's not good for children's teeth. So we have allowed the pure fruit juice and we have allowed as well, em, flavoured water as long as it's not got sugar in it.

S: Yeah

J: And we have sort of said, that's a bit of a transition. People have gotten on board with it really really well. This lunchtime organiser just constantly, everyday she is saying this is a really healthy lunchbox and once a week children who's lunchboxes are not healthy they get like a leaflet.

S: OK

J: Put into their lunchbox that says can we remind you about what a healthy lunchbox is. If they are really bad she will come and tell me and I will telephone individual parents and say that packed lunch was not healthy enough.

S: Yeah

J: But, I would love to not have packed lunches at all, I would love to say we don't do packed lunches, everyone is having a school meal and then we can really monitor and see what they are having. So as I say, I can't do it for the juniors or the nursery because there is a cost involved but for the other ones we put it on our newsletter all the time. We keep saying, don't forget you can get free. To the point where we will be saying you can get savings of this amount of money, em and it works up to about £3,000 over 3 years, I think I worked it out on an average packed lunch costing about £3. We worked it all out and sent that out and on our website we have things that demonstrate packed lunches about how much fat is in a packet of crisps or in pepperamis, you know those kind of things. Then when it is parents evening we get Manchester Fayre to come in and do little workshops and then they would have examples of what typically is in a packed lunch and better examples and say don't have that look at all that fat. Then, we have taster sessions so that then they can say come and have school meal they are really delicious, they are really good, they are really nutritious.

We really engage with Manchester Fayre about what they are providing for us. And like in years gone by you might be in the dining hall and they would say 'who wants seconds' and we don't allow that anymore. We say people can have seconds of vegetables or salad but are not to give seconds of anything, of any of the other food. I really keep a really close eye on the pudding sizes, to the point where, sometimes I think where they have had a traybake and they have just ended up cutting the lot. If I see a child I will literally cut it in half and take some out of the bowl and say, just eat that bit they have given you too much there. Em, I have my lunch in the hall everyday as do a number of staff and we created then like a promotional video that I have done with some of my friends with vegetables.

S: OK (ha)

J: We show it in assembly periodically because what I notice is the children eat the food but then they tend to leave the veg at the end and they don't have very much of it. It's not because they don't like it, it's because they are not used to it and they don't have it. So, we have the brilliant, it's really cute it's about the vegetables saying how they have worked so hard to be really healthy and they are so excited about being eaten in the kitchen and eaten in our school. Then I interview them and say how would you feel if you knew that children were throwing you in the bin.

S: Yeah

J: The vegetables are all like AHHH!!

S: I'd love to see that J

J: I've got it on email, it was so powerful because it went at a different angle for the children so when they leave their veg I will go awww they've worked so hard trying to be healthy

for you. Now there are no children in school who won't, even if you say go on, I just want you to eat another forkful of vegetables and they do. They are all getting on with it.

S: That's a great achievement.

J: So we have done absolutely loads specifically around. Well one of our clubs is fit-for-life and that was really linked to looking at children who were either obese or had weight problems and then targeting them to be involved in a club where it was raising expectations and levels of activity. Then we have a parent support advisor as well who can support families. We ran a course as well for parents where it was about eating more healthily for themselves and they learned what kinds of things they should be eating. I think I've answered there, you know we have got a number of staff in school as well who really personally care about it.

S: Yeah, so they are personally committed to it and value it.

J: Yeah we are sporty, we would consider ourselves really good role models. We have a running club for staff, and, em, I mean I am going off the point here.

S: No, no, go ahead.

J: It is sooo important to us.

S: Yeah, so it's setting a culture.

J: I notice a lot as well that a lot of our lunchtime organisers and teaching assistants have quite a lot of time off work. If you compare their attendance levels with teachers, it's a lot lower.

So our sports coach at lunchtime is really into health and diet you know he is really good. We need to look at it a different way and this is contentious because it is something to do with social mobility almost. Teaching assistants don't get paid as well, they are not as well educated. Lunchtime organisers are further down that pecking order and they don't understand it for themselves. They don't eat well themselves they don't exercise, they are overweight, they are not healthy, they don't understand about it. So, our senior lunchtime organiser, I said to her look, she got a little running club going together to try and get the lunchtime organisers. Then they go swimming once a week. Because I said we are going to have to look at it a different way. They keep being off or they keep being ill but they don't get that they keep being ill because they are not healthy and they don't look after themselves. So, our coach is going to do as well do a workshop with our lunchtime organisers about their own health and looking after themselves. Sorry I've gone on a lot.

S: Excellent, no that's super J. Thank you for all that. It sounds like you are doing a lot of really good work. What I'd like to probe a little bit further is those conversations you have had with parents. So, thinking about the conversations that you have had individually when you rang them and said, the lunchbox isn't appropriate. You know what's in the lunchbox isn't appropriate that you have sent in. Or maybe some other conversations about the children who have been targeted for your fit-for-life club. Was there any defensiveness, were you met with any attitude, how did you find that conversation.

J: I don't have a problem with the conversation at all because I think I'm coming from a place that I understand it very well. I think other people, I can't speak for all our staff but I think some people would not be comfortable to have that conversation. Quite rightly so because some of our staff are overweight. So straight away that will immediately...

S: So it's a personal barrier to them even starting the conversation.

J: Yeah, completely, isn't it. When I was looking through that, that is the essence of the problem.

S: It has to be the right person to have the conversation.

J: But it has to come, if you are trying to do a whole school thing that we think obesity is a national problem, we are going to do something about it, everybody has to be on board with it and so then to have overweight staff is, em, that's where the real barrier comes in. In terms of talking to parents about packed lunches because I am talking to parents of such little children,

I am not coming from a place where I am talking about obesity particularly and how I was trying to do it. It's trying to get into a mindset, isn't it and when I was looking at it, this Mom, you know they come in and they have teeth missing. Their own dental health, we are not going to be able to say you need to do this because of...

S: Yeah, it's just not a priority for them

J: Yes, if they can't do it for themselves, they are overweight themselves. But that is why I was trying to come from that angle about. You could go on a holiday, if you just put them, but they say they are really fussy. And even if I said don't worry because I will personally go in and I will sit beside them and we have really brilliant lunchtime organisers who are really great at encouraging the children. Once they see everybody else eating it you can get them in. But, there are some really hardline families where even when you say all of those things, em, they don't hear it. I think some of it is around, they'll say I asked them but they didn't want to. Then I say, it's not for a 4 year old to decide, you are the parent and you tell them that this is what is happening. This is what, they don't decide, you don't give them a choice. It is not about, you don't ask a 4 year old, this is what's happening you are going to be on dinners for now. I said and I will do the rest. Send them in and we will sort the rest out. They have got those anxieties themselves where they will go, they are fussy they are fussy. So that part is a real barrier, em, in terms of talking to. We had a very very obese boy a few years ago and in terms of talking to his mom it was really difficult because she was really obese. That's one of the things I have noted down here where sometimes you feel you are really ineffective because you are trying to, it's the tip of the iceberg talking about the child. Because, em, I sometimes, we had a Mom in here the other week and her child had been targeted for fit-for-life and they have left now. I do love the Mom, she was absolutely brilliant and she tried so hard but the girl had gotten really overweight. What she was blaming it on was that, you know you would not play out around here it is not a nice place.

S: Yeah, yeah

J: You would not want your children playing out at night.

S: So safety is an issue.

J: So she would say there is nothing for her to do, she can't play out and you know god love the little girl last year she was saying I run at lunchtime. She really bought into the whole fit-for-lifestyle, she was really trying really hard with it. Her mom was in here and her Mom is a bit overweight, not massively overweight but carried too much weight. She said 'I just feel really mean' she said because you know if we all have a biscuit. I said don't buy them, she said don't buy biscuits, yeah I said just don't buy them, don't have them in the house. Why, is it, if she's overweight you are saying that the 2 of you, Mom and Dad you want to loose weight why torture yourself by having biscuits in the house. Just don't have them there. You know if you feel like you want something that is a little but sweet then think to yourself, oh, I might have, I don't know

S: Like a piece of fruit

J: Or even, but even, well I have a little bit of chocolate most days. But

S: But you have portion control

J: Yeah I do, we don't have masses and masses of boxes of it, I can have a little square of Green & Blacks and I can sit down in the evening and have that and it's not going to make me obese. I can have that because the rest of the time I exercise and I eat healthily. So, it is really difficult and it was interesting just before you came in I was looking through this. You know it is a national thing, there is no point in us trying to keep, parents get annoyed if, you have to be very careful about being critical of the child's lunchbox and some people. Like we had a family here, where they kept putting brioche in for the sandwich and anyway. So when our lunchtime organiser and she is brilliant the lunchtime organiser, she just kept saying you are not supposed to have brioche that has got sugar in it. But they came in and it was

hysterical because they had written on the sheet back, brioche is a French bread, just because you only buy cheap tesco loaf of bread or whatever. So we had them in and I said it isn't bread, it's cake, brioche is French cake. It's second ingredient is sugar, it isn't a substitute for bread.

S: And how did they respond to that? You know it's not your opinion it's just fact.

J: But they just, there is a lack of intelligence and a lack of understanding about it completely. So, and even the girls class teacher was there because what this Mom said when she was younger she was hypermobile and kept saying she needs to drink, she needs to have like a little pack of biscuits all the time. I was like, no, absolutely not, like

S: Did you have weight concerns for this child?

J: Yeah, she is not massively big but, em,

S: But there was a concern?

J: Yeah, she certainly does not need to eat biscuits, no one needs to eat biscuits.

S: No, exactly

J: And then we have a really skinny girl who after we had introduced the water thing I was sooo annoyed. I actually emailed Sarah and just said this is ridiculous, because then we had a letter from a dietitian, because the parents went in and said the child is fussy and let her to carry on having cordial when it's against our school policy because she felt. And a dietitian suggesting that, well the child is skinny but that is not what she needs to do...

S: No the focus should be nutritious foods

J: Yeah, and so then the Mom brought it in and was a bit like see this is what the dietitian said.

S: Ok, ok that puts you in an awkward position.

J: Yeah and I was really annoyed about it the little girl is, and her Mom will admit it, the little girls wraps her Dad around her fingers and you know says that she is too fussy. I say look she can have flavoured water, sugar-free flavoured water and then you will be following the school policy you have gone along with us. The mom is a lunchtime organiser and so it is quite awkward. When we changed the water over there was part of us that went do you know why are we killing ourselves trying to even address this because it can create this backlash of things from parents. Then we have got parents coming in and we were like oh my god it's water-gate. But, we do, I particularly believe in it really strongly and I just think it is absolutely fundamental. So we just keep chipping and chipping away at it

S: By staying consistent, like you say trying to keep the consistent message across all the staff. So all the staff are saying the same.

J: Yeah, yeah,

S: It sounds like you are doing great work J and you personally have taken on a lot of these difficult conversations yourself.

J: Yeah, well it's quite easy for me to do it.

S: Yeah, well obviously you are the most senior member of staff.

J: Well we have an executive head who works across the 3 schools,

S: Lisa is it?

J: Yes

S: Yes, I have met Lisa once.

J: And she is just the same as I am. She will eat the school dinners, both of us say wouldn't it be brilliant if we didn't have to have packed lunches because we could just keep a much closer eye on what children were having. I think that would make a real significant difference.

S: Is there anything if you were given a blank canvas today that would help you or any of your senior team have more effective and more comfortable conversations with parents around weight.?

J: Emmmmmm,

S: You know, if there was extra training, if there was extra support available, what do you think would make this easier for the school?

J: I think the, like I was saying. I think when we are coming at it from an angle of the children that doesn't work because if you go out onto the playground and you look at very overweight parents who don't do it for themselves. They are not, potentially, if they can't do it for themselves they are not going to do it for their children. So I think it has to be something that is for parents where we,

S: So something that engages parents

J: So we pay for this running club for our staff and when we were starting it off it's not gone off the radar yet. But, I would like to do it for parents and I would like

S: So trying to establish those values with them first in the hope it would filter down to their children and become important to them within their parenting skills.

J: If you are overweight yourself and you keep buying biscuits or you keep having take-aways in your diet. You know if you opened up peoples cupboards and I mean. I would love if white bread, you know there is just no need for it, let's not have white bread, we said that to Manchester Fayre we don't want any white bread we don't want any white rice. Straight away we will have brown rice, wholemeal rice and wholemeal bread. Immediately we just get rid of those things. I would like to see the end to puddings in the school lunches.

S: Excellent, we would be right behind you on that J.

J: I would like to see some portion control because I think, I can see why you know where Manchester Fayre are coming from when they say that is the price and it wouldn't be fair for it to be smaller for the infants. With more for the juniors and it costs the same amount. I think I was talking to Sarah about it when we said, couldn't they say that the infants got a piece of fruit or a little bottle of water. Like if they got something additional with it but that the portions were smaller. I would love there to be universal free school meals for everybody.

Even though I know that, I want to make it easier for myself but

S: Yeah, so that would give you the control

J: To do it because I think the packed lunches cause a massive problem. I think the portion sizes cause a problem, I think the puddings are probably very nice but they are unnecessary. I mean I have a school lunch everyday but I exercise most days and so it doesn't matter I can carry a massive sponge and custard. But I mean all it takes....

S: Well you have all that knowledge, like you say, the discipline to manage that whereas a lot of the families we are talking about don't have the knowledge.

J: No, I think certainly in more affluent areas you won't have the same problems because people are just more into it. We had a lady come in and she was running some fit camps from the council and some of the little council housing things have the grass areas out the front down here. We were like, oh my god this is brilliant, we had her in, we did loads more flyers for her. Oh my god this is going to be brilliant but it didn't take off.

S: That's a shame

J: I know, then the park runs, this is my fault because I have not pursued it any more. But, we have got ladybarn park at the back and if we could get there to be a park run there for children, like the Sunday ones. We would be able to get like..

S: Well I guess most of your children live in a small enough radius of the school

J: They would come and they would do that. I think doing something like that, you know if there was one on the Saturday and the Sunday I think we would get parents. We would be able to say then, why don't you come along on the Saturday one. Just try to, you know people have got to try make a start, it's not going to run itself. That's what I always think to myself. I don't think there is one answer but I do think it has to come from educating parents about looking after themselves. I think what is still really sad, if I was to some of our lunchtime

organisers and asked, do you know your life expectancy is a lot less than somebody who lives in Wilmslow the same age as you, because you don't look after yourself.

S: And is that an approach you would ever take in these conversations? Say for example around the lunchbox conversation with parents. Would you ever say, in different language, but the consequences of, the health consequences, the social consequences of being overweight.

J: Well I have said, well sometime people will get annoyed if there child is being bullied. Or if they have said that they are being bullied because they're overweight. Well it's like.....lose weight.

S: That's what is going to happen. Then you have the difficult transition that children make from primary school to highschool and I know this is quite a safe environment if a child is overweight. That is the child that the whole school has only ever know. Then they are thrown into a whole new environment and can make it very very difficult.

J: I saw a child the other day. It's a girl that is actually in your year 6. All through school she has been absolutely fine, a real cutie, pretty, lovely. Mom little and skinny. Walking along and I thought, crikey, she has really ballooned up and she looked awful. Em and I don't know, the Mom has got a bit of an edge to her but I would love to say to her, she is going to have to be on a diet for the rest of her life. She is 10 or 11 and she must weight heavier than you. Suddenly this little girl, who was your little pretty girl is going to have a hideous teenage years because what on earth have you let happen to her. But you have to have some kind of relationship with the parent and I don't know her well enough to have that relationship to have that conversation with her.

S: That is an interesting point J, thinking about, I think what you are saying to me there is you would have a little bit of reticence about starting the conversation with that lady because you are aware there is an awkwardness to her personality. Or maybe you don't have a pre-existing relationship to call on. What would make it easier to start that conversation? Would it be you know, something like, for example you encourage her to log onto CHAMP so she can see for herself or do you try and relate it back to something in the school environment in terms of the child's education. Say, look something has happened in school or we have noticed the quality of her work or her attendance. Do you try and find an in

J: Yeah, we have before, not so much in that case. For example if a child hadn't brushed their teeth, we would, I would phone the parents and say some of the other children don't want to sit next to them anymore you need to get that sorted out. So you can come at it from that angle, even though the children haven't done that. Us as adults have noticed it and said you need to. Because that is more effective. Because if I rang and said, oh I was talking to your child today and they haven't brushed their teeth.

S: That could create animosity

J: No, not so much that, I don't think they would care so much as if it was other children moving away from on the table. That idea that their child was being ostracized by other children is more motivating for parents to do something. So perhaps, even as we are just talking now that is an in to use that as an example.

S: So that parents would put value on that so maybe they wouldn't be able to foresee the impact on a child's health 10 years down the line or an impact on social mobility or employment opportunities, whatever it might be. But that's a more 'here and now' thing

J: But then on the back of that you get the bit where people, em, parents would then say, the other children should get into trouble for doing that because that's not ok to be unkind to somebody because they are overweight and we are not saying it is. It's about having that conversation and saying we can't stop other children from saying it, it's not about that it's about your child, your child is not daft they know. Like when we have had children who can't get up off the carpet,

S: yeah, who can hardly take their own shoes on and off

J: Yeah and even when they are little they perhaps don't notice it as much. But I think they do, you know when they get undressed for PE, they can, they will notice things like that. I do think it's about picking it up much earlier.

S: Yep, we would agree with you on that.

J: Perhaps doing some staff training. I always, it makes me sound really weird but, I would always be able to spot which children, I was a year 1 teacher. So they were only 5 when they used to come into my class. As soon as they got undressed for PE you could see which children had more muscle mass immediately. Even though they are not overweight yet they are soft and they don't have any sort of muscle on them. I guess it's raising awareness for staff to think just keep an eye, is there anyone in your class. You know we don't do that. I don't say staff, em, are there children you have noticed are a bit overweight. Because every half term we ask for referrals to something called social inclusion, where we will, where somebody might say somebody's behaviour has not been brilliant. It could be for a plethora of reasons. Anyway they will refer us and we will look and say, ok they will have some sessions with our. We have got a behaviour teaching assistant who runs loads of little interventions around self-esteem. Maybe within that for next time, I could put in a little bit, out of interest you know.

S: Well we have the year level data so you will be able to see if there are any particular years that are of concern and then if you thought you had a particular concern about a child. I presume you have a school nurse that comes in?

J: yeah we do

S: You could do, you have a well trained eye but not everyone's judgement is correct. So if you had a particular concern about a child ask the school nurse to get the measurement data and that will clarify things for you.

J: Right, ok

S: I can't provide it to you directly. But because the measurements were taken by school health you school nurse can get them for you. So if you had a list of children who you thought you wanted to be absolutely sure. To rule it in or rule it out, we can share that information with the school nurse.

J: It's about just thinking now what we do with that information. When I saw that little girl I thought, gosh that has probably happened quite gradually

S: And that's where these yearly measurements are so useful. So when parents do log on and see the trend that's quite powerful. Hopefully as a school you will see the year on year comparisons too which will be useful for you. OK J just to finish off this conversation, emmm, I think you have answered everything in great depth thank you. Is there anything else you would like to add before we finish.

J: No, no

S: Ok very good, ok that super.

J: I was just going to add it is such a national problem

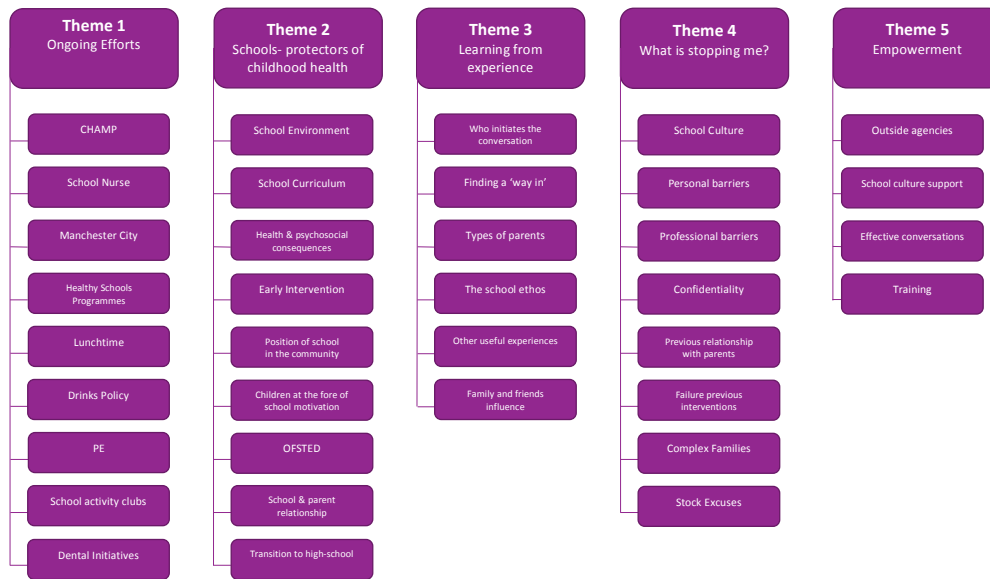
S: You feel you have to act because

J: Yeah ,yeah, sorry

S: Ok J thank you

Interview Close

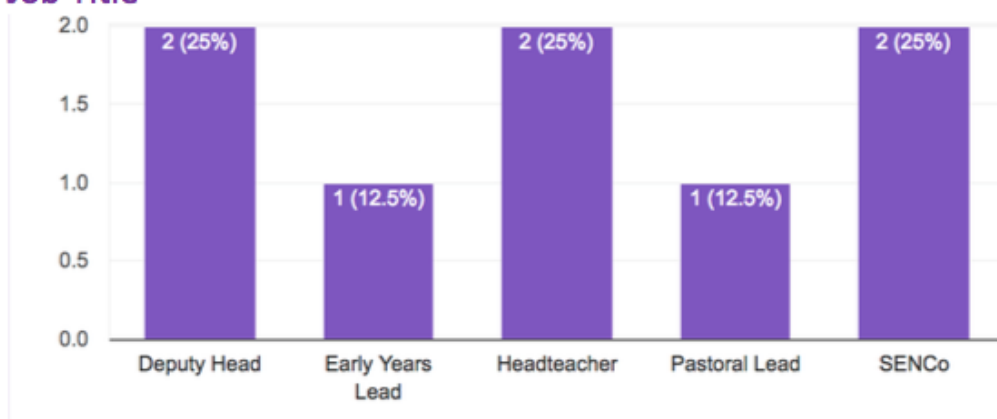
Appendix (12): First thematic diagram and supporting categories



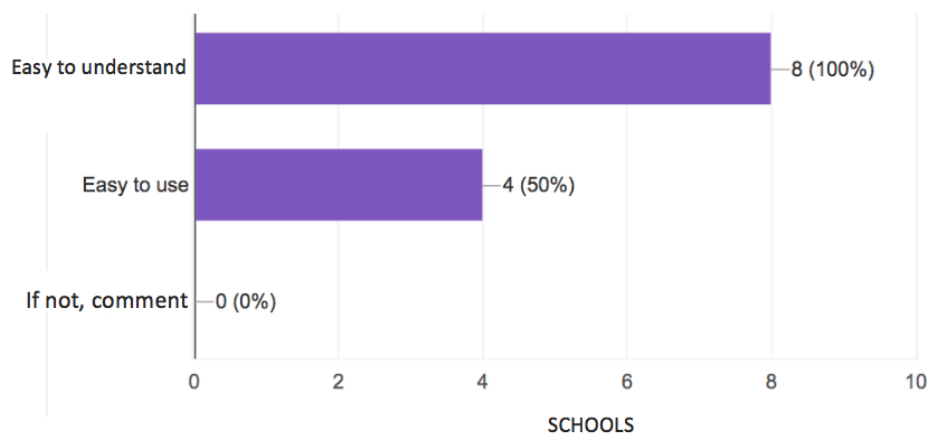
Appendix (13): CHAMP Enabler Pack Feedback Report

CHAMP Enabler Pack Feedback Questionnaire (8 schools responded)

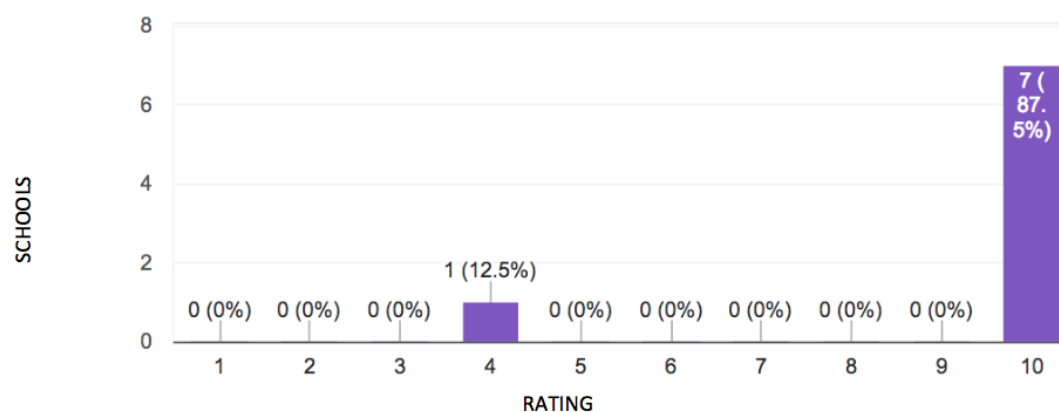
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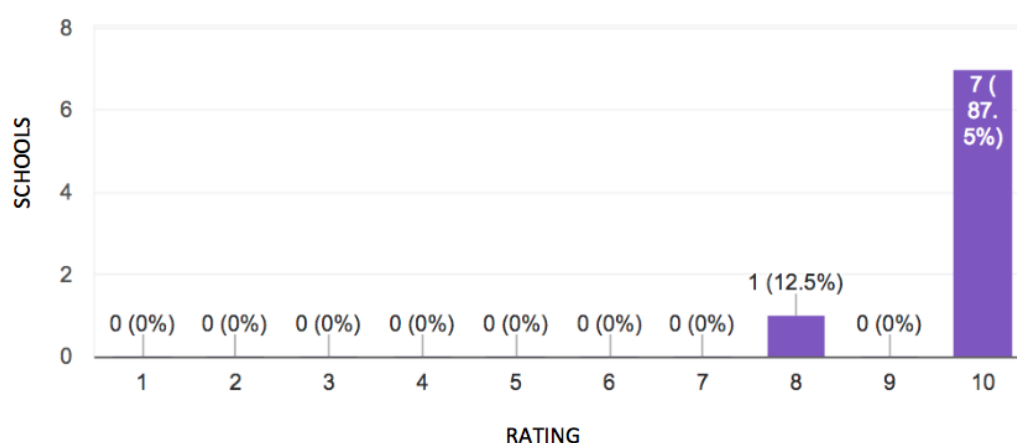
Did you find the enabler pack...



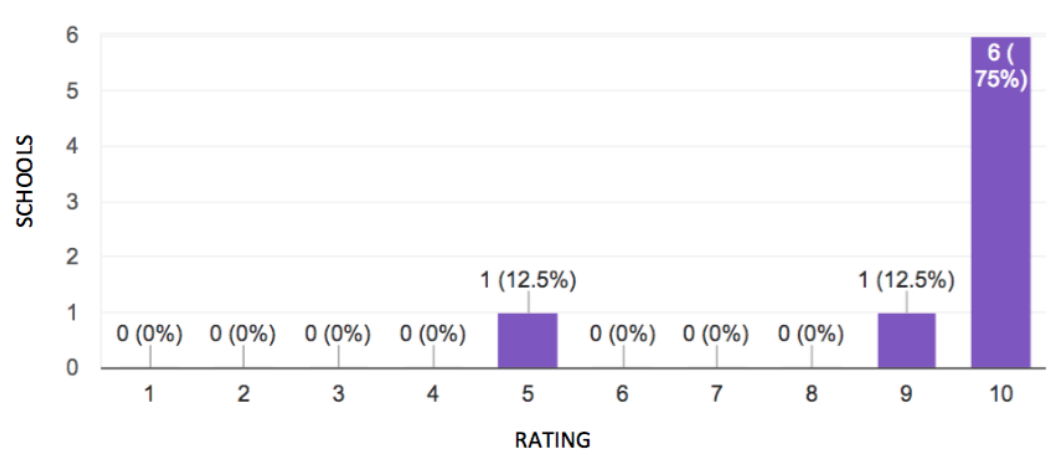
On a scale of 1 to 10, with 10 representing very useful and 1 of no use, how useful did you find the pack at increasing your awareness of children with weight concerns?



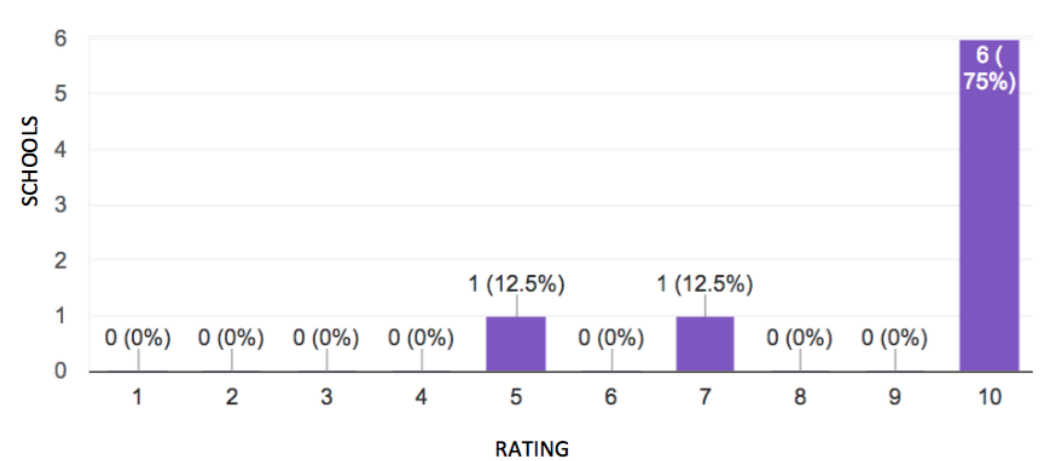
On a scale of 1 to 10, how useful did you find the pack to help start and guide you through conversations about weight?



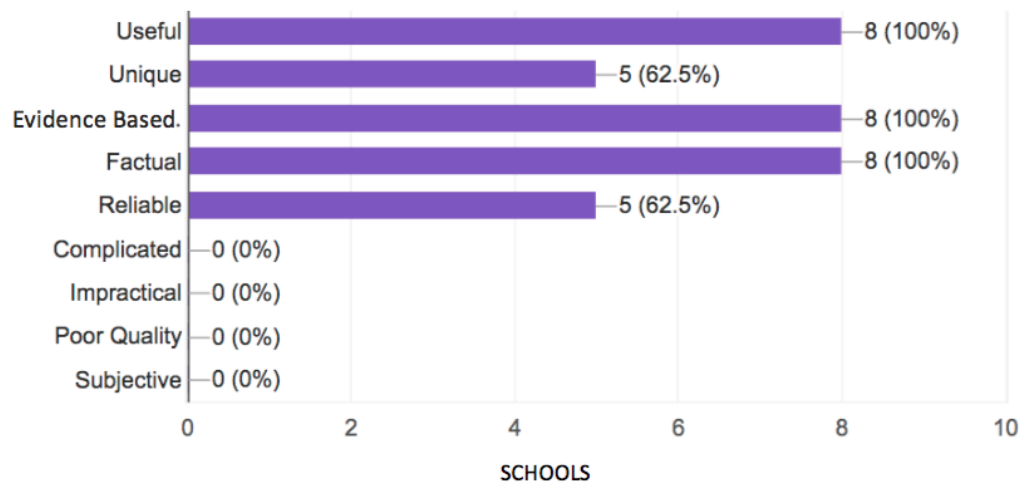
On a scale of 1 to 10, how much did the enabler pack improve your understanding of how a whole school can support children and families struggling to make healthy choices?



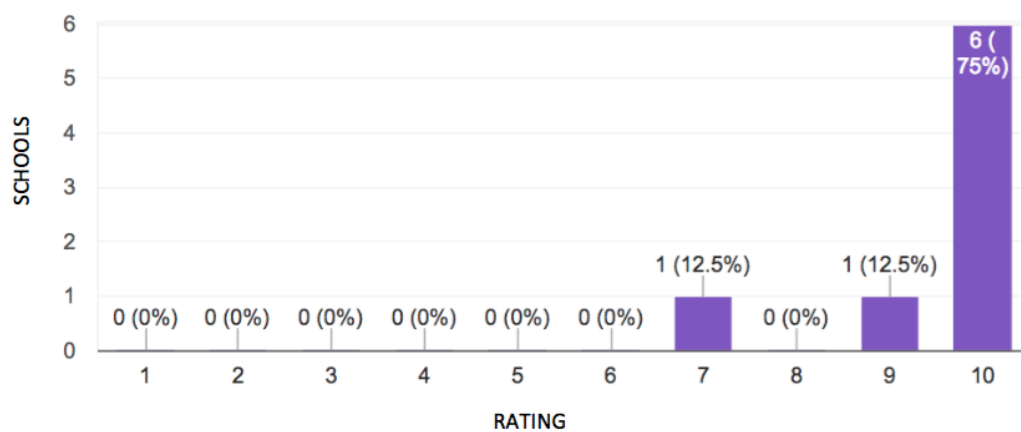
On a scale of 1 to 10, how useful was the pack to help you prepare and cope with any resistance you might meet?



Which of the following words would you use to describe the enabler pack? Select all that apply...



Please rate (as a result of the enabler pack) how well informed you now feel as to what other services you can signpost families to?



Participant Transcriptions

School (1): Interview with J (Participant 1)

S: Good Morning J

J: Good Morning Sorcha

S: Just for the purposes of the interview, I've J in front of me, we are in St. Mary's Primary School in MossSide, today is the 27th of February, and it is ten to eleven. So, thanks for your time J, eh hh just to clarify I suppose why we are talking today, em I have mentioned to you that I am doing a research project around looking at conversations that are happening in schools around obesity and any challenges around those conversations.

So, thanks for your time I think we will just explore that a bit further today.

J: OK

S: So, to start with J, can you give me an idea of the schools' current approach to childhood obesity.

J: Well, we are currently involved with CHAMP. Which has been ongoing last year and again this year. This has brought us to having the children's heights and weight done by CHAMP back in the beginning of December I think it was. Em, and the follow up was to give the parents a letter, with their own code, to go into their unique number for the children and check their child's height and weight. So, we had 6 drop-ins for an hour 9 'til 10, 3 days one week and 3 day the next week.

Parents would come in and we had the laptops out and we helped talk them through how to go onto the website and have a look. It was really interesting and Sarah came and I think it did Sarah good to see that it was difficult for them and it wasn't easy for them to do. Eh h it was a hard job getting people to come in but once they came in and they actually went on the site. It was like a lightbulb being switched on when you saw them sat in front of that computer looking at it. Especially those children who has been weighed the year before and they could see the difference in their child. It was really good. It was really good for us and it was really good for them and also good for Sarah to see the process and the hiccups that they had. So, em we had a few parents we actually targeted that we knew that their child was overweight. So, we made sure we got in touch with them and said please can you come in and they did. It was kind of to open their eyes to that.

Eh, because in the past we have talked about after school clubs that we have. Like football or dodgeball, karate em there are loads of them we do lots of different ones but those are the physical ones. These are the children we target to go into those clubs. Some of the Moms take us up on it, some of the Moms don't and some of the Moms come and ask for it which is really good. Eh, so when you are having a conversation with them, some parents are quite easy, easy to tackle and there are others that are more trickier.

S: Yeah

J: I think, em, I think as a school and as a staff that people find that difficult and would need some kind of training to do it. We have kind of done it coz I have spoken to Sarah, had meetings with Sarah so you kinda pick up on the things Sarah talking about and how she puts it in a really nice way. So, you kind of use those skills. It is something I feel as a whole as a school we could probably do with staff meeting about it.

S: OK

J: Yeah, and bring that up to them and try and show them the way to do it. As it isn't easy to tackle a parent.

S: No

J: I've got a little boy now who is, he is deaf, actually profoundly deaf and he is very overweight. Now, Sue who is our SENCO has more dealings with that family. So, I have asked Sue to send them a letter and ask them to come in and view their height and weights done but as yet they have not come in. So, we are pushing for that to happen because we know they are a family that need that. Once they come in and we can show them, we can then have that conversation with them. It's getting them in and getting them to understand that.

S: MMM, that sounds really interesting J. Can you think about any of those particular conversations that you've had with families. You have mentioned some of them are easy to have, some of them are difficult to have. Could you give me an idea as to how you would describe those difficulties.

J: Well, one of the families, the little boy, is overweight, he is a year 6 child and when I phoned and spoke to Mom and asked her to come in we had a conversation. It transcribed that the little boy is allergic to chocolate and has some of allergy that breaks him out in a rash all underneath his eyes so it looks a bit like eczema and that was the reason. Em, I brought it up because of his weight. I started the conversation with that because I asked Mom can you tell me what this (the rash) is. Then she kind of opened it up for me, she then said well he has an allergy, but he doesn't want me to tell you. I said what is the allergy and she started to say it was about chocolate. So, I let her talk about it and tell me what she had done. He had asked her not to tell school because he said we would stop him from having any treats in school.

Now, we stopped birthday cakes and the sweets being brought in and we asked parents to bring in a present like a little ball, like little things from the cheap shops rather than sweets and things. Which have gone down really well, but he wanted to be part of that. He is also in what is called a 'smarties' club, which they go out for food but they've got to organise the restaurant, they have to phone it up, they have to book it and they have to decide where they are going. So there is a lot involved and there is a lot of talking about food. Em, he felt that if he told anybody he would be stopped from having certain things, which is right he probably would have been. Which, then brought us nicely onto the weight.

S: Yeah

J: Then it came out that she was concerned about his weight.

S: Ok

J: And that she felt that if she kept this chocolate away from him, where his other brothers and sisters were slimmer and didn't have this allergy, she was singling him out and she didn't want to do that. But, we then talked about his weight and how we could help with that, how she could help with that and how we could cut it down maybe once he knows that we know and we sit down as a group and have the conversation with Mom and him together that he will be more understanding of it. So, I said to Mom you know we don't give them any chocolate in school so therefore he's holding that over you and really he must be eating the chocolate somewhere else. She said she found that he had spends, had money and he was going out to the shop.

S: Okay

J: He was buying it and eating it before he came home. So, there was 2 things,

S: Yeah

J: There was the allergy and the weight. I was trying to tell and it was like she didn't see it until we had this conversation that a lot of the weight was because of the amount of chocolate he was eating. Because he felt he couldn't have it he was going out to buy it secretly and eating it. Whereas at home she would give him certain amounts and that was it. So, it kind of opened it up nicely for us to have that conversation.

S: So, that sounds like a conversation that started off maybe a little bit awkwardly but because you found this nice common ground that you both ended up having a nice open conversation.

J: Yeah she was pleased, and we have done lots of workshops, lots of drop-ins. The last one we did was when parents came in, we talked about healthy eating, it was an hour and fifteen minutes. Em, and we gave parents things to do. So, we gave them fruit kebabs to make. Em, we gave them pictures that they had to find what was the right thing that should be in the lunchbox and what wasn't. They had a picture of a lunchbox, but it was a good healthy lunchbox. So they had to do it themselves, and they had to be honest what they actually do put in their lunchboxes. It was really good because they could then see it then for themselves. We had the sugarsmart app,

S: Okay

J: We had shown them and let them have a go at it, and we gave them the link to go on their phone and we brought lots of stuff we bought in Asda and put it all on a table and said 'there you go'. Go on and have a look for yourself and they were so shocked at the little things even the fruitshoots that they buy that they think they are doing really well by putting them in the lunchboxes. They were really shocked at how much sugar was in them, so it was really good to see their faces. You know you can tell them yourself or like we have told them many times but actually giving them the link and giving them the little sugarsmart app packets we gave them in school. But when we gave them the app and we made sure all the things we bought in Asda could be scanned by the app because not all things come up on the sugar app.

S: Okay, okay.

J: When we brought the foods in they were really shocked. Like, there are things that we do every day, like emmmmmm yoghurts

S: Yeah, yeah.

J: Things they think are good for the children, that are actually not.

S: Yeah, cereals are often yeah...

J: Whilst I was there, there was a Mom, we had all the fresh fruit out and they could go and help themselves and she had a little one who was about 3 and got up and went over to the table got some and fruit and wanted a drink. He came over he didn't like the fruit juice that was there, so we gave him milk and the next thing I turn around there is Mom putting 4 spoonfulls of sugar in the milk.

S: WOW

J: and when we finished, I went over and sat beside her and chatted to her and she said but that's what we do. So, that is a cultural thing within our Somali families.

S: Yeah

J: Our Somali families like a lot of sugar especially the ladies and they saw no harm in that and we have had this little conversation at the table about what that's doing to him. You know, then she could see it for herself

S: So, the health consequences of....

J: We had this big hour and fifteen minutes and then right at the end (ha, ha) you just kind of think wow we have just showed you all this and you have just put sugar in and she said but that's what we do.

S: What a great learning for you to get.

J: And she said **we are going to have to wean him off it**. But it was the most natural thing for her, it really was.

S: What a great opportunity that your workshop brought that to light.

J: And it does, like I say and **the Apps and the lunchboxes** are things that they did themselves. We know what they **are bringing into school and every now and again we send these little reminders**, please can you look at the lunchboxes, please can you put maybe water in, can you put fruit in. We go through all these things and you just feel as though you are saying the same things but it's that drip drip. We keep hoping that we will get through eventually

S: Yeah

J: And I think **we have with a lot of parents. Unfortunately it's the ones that really need the help that don't come and get it. Don't turn up at the workshops, maybe subconsciously that's why**

S: That's possible

J: Maybe that's the reason behind it

S: So, maybe there's an awareness somewhere

J: **Yeah, so as a school we are very aware of it. You know and I have spoken to the Head, we've had conversations about the generation.** Different to my generation who never thought about it. I'm more conscious with my grandchildren than I ever was than with my children. I was quite lucky my children were slim

S: Yeah

J: And still are. **But I have a sweet tooth and I think I passed a lot of that on, you know. But with my grandchildren I am more conscious when we go to the shop our treats are different. We look at things differently and that's partly that I am older and I am more wiser but also being in school and being part of it and doing it every day.**

S: Yeah

J: **And it's part of my job and it's the norm now, it's the norm that we think about it.**

S: Which is great, you know, that individually and as a school have taken on a lot of responsibility for the health agenda, ehh. You mentioned the challenges in having some of these conversations, you gave a great example of a conversation that started off on a difficult point but you managed it very well. Thinking about those difficult conversations a bit more, if I was to give you a blank canvas today and ask you what extra training do you think would help you cope with those difficult conversations.

J: **I think it's the language, I think it's about what to use, how to say it to people. Like I say I have had the chance of being in with people, like Sarah and some of the conversations..**

S: So, like observing conversations or role play or observing professional doing it,

J: Yeah **and also I think because of my role in this school as the pastoral lead I have a different role.** Whereas the class teacher has a role and has a relationship with the parents but it's in a different way it's more the educational side.

S: Yeah

J: Whereas I can have those conversations. I have a Mom who has 6 children, she is on her own and they are tiny babies some of them. There are 4 of them, one after the other, the older 2 are in school and all the children have had **really bad teeth**.

S: Ok, Ok

J: And she would come in and they would have a lollipop in their mouth,

S: Yeah

J: And we had to sit down and have a conversation, and it started off on the older children and they have been in school, and we worked our way down to how are they health-wise. Like do you think they are ok? Is there anything you are concerned about? And she was like, no-no-no I think they are fine. So, I said can I tell you something I am concerned about? And I went onto the teeth. Now these children are not overweight they are quite wirey little children so didn't think there was anything wrong.

S: MMM

J: So she didn't think there was anything wrong because they're their baby teeth, so that's not a problem.

S: Yeah, because the adult teeth would come.

J: Yeah, so we had to talk about that and the BrushBus coming many times. The parents don't see that but the children do. But quite often they work with the younger children, so the message doesn't get home like it would maybe with an older child. Em, I talked about this and she said well they are very active and I said I know you do that and that is great and I know they are in this club – but it's all connected.

S: Yeah

J: But we have to look at the big picture, we have to look at the whole picture. Now, she is quite a tricky Mom, eh but I have to say there have been some issues there too, one of the things is that we pushed for the dentist and she now sees that. Now she will say to other parents, it's quite funny to see really, 'you shouldn't have that', 'you shouldn't be giving your child that', 'that's not good for them'.

S: Well, that's a super result J, because it's possible that another Mom might take that first conversation on board from her quite well and maybe a little bit easier.

J: And also I think sometimes in school we have to work quite craftily and I have a certain group of people that I know for different reasons that I can go to. And I know they can put the word out. There are people that have higher esteem in the community.

S: So you see them as influential in their community?

J: Yes and we have a lot of staff here who are Somali staff that they're looked up to because they are working and they are in a school. Because it's an education thing they are looked up to. So, we use them, I do, I learned that! (ha). I go to them and say 'is there any chance, you've got a good relationship with such a body could you approach them and that's how we do it in school.

S: Ok, sounds very very wise,

J: It works most of them, but occasionally there are tricky ones who just won't accept it and they don't want to know. That they are happy with their child and that's it. So you go away and leave it a little bit and then you try again.

S: MM

J: And then you try a different tactic. You go in a different way or you will put on another drop-in where we had a school nurse there. Eh, and we have had Sarah there, that there is something different that you hope that that person might be able to do something that you couldn't do. Because you know we can't all do it. It could just be that one conversation that changes their mind.

S: That's a very interesting point that you raise. It's the same message, a consistent message but possibly a different person making the approach.

J: They know, like that Sarah is a dietitian, they know that maybe it's different hearing it from her than it is hearing it from me. Eh, and also you have to look at peoples relationships, coz some people will speak to some people more than they will others.

S; Understood, yeah.

J: You know I think that's why it ends up at my doorstep because overall that's what I do.

S: I know that's a very interesting point, you know, it has to be the right person to have the conversation. You talk about the skills such as the language and what phrases to use so you meet with resistance but they also have to come from the right person.

J: That's right. Well we had a family, Sarah knows about this family she worked with them before who are no longer at our school and it was massive, absolutely massive, very obese-d. And we had conversations over the years, and I think, emm, and it's still ongoing she is in highschool now. I still see her she still comes back and it is ongoing. But, I don't think it's been picked up highschool like it should have been. We passed everything on, Sarah worked really hard with the family, we worked with the family, em somebody went shopping with them to look at things. They were saying all the right things and I think whilst Sarah was going in there were some changes, but of course Sarah can't live in their house or be there 24 hours a day. So, it drops off and in school I noticed she was kind of swerving me because I would be having those conversations with her and saying 'come and see me later on'. She would swerve me because she knew what I was going to say to her. Because I knew what was coming in her lunchbox. We kinda came to a compromise that we would cut the pudding out.

S: OK

J: So, the pudding would go and she would have fruit and a yoghurt and we sat her down. The child wasn't very happy with it, Mom wasn't very happy at the beginning, she understood. But there were a lot of underlying issues, as to why she was feeding that child.

S: Ok, so if she is at home

J: There was a lot of history there. But what we found, and it did take us a while, we found that she was swapping her fruits and her yoghurt for somebody's pudding or somebody's dinner. So, somedays she was having 2 dinners that we didn't know about.

S: So she was trading food in school, ok.

J: And then by pure chance it came up so we had to look at that again, talk to her again and talk about the reasons why em and I think by the time she left here in year 6 it was the last year that was most difficult. I think she has come around to the fact that we weren't going to drop it. We weren't going to just leave it, we'd go back and sit down and discuss it. What do you think about this? It didn't help because she had an Aunty as a member of staff, so the Aunty was kind of.....you know.

S: So it was more complicated.

J: But I felt that towards the end of leaving here she'd herself for her own reasons, for her own self-esteem, she has started noticing it. Because in our school she had always been that big since she started.

S: Yeah, so that's all the other children knew and accepted it.

J: They didn't call her names, very rarely maybe out on trips. But in school very rarely. My concern to Mom was she is going to go to highschool. And I said it to Dad, we had them in and we had the chat and the talks with the highschool. But they kind of said, well it's out of our hands because they (the highschool) said once she comes here she is responsible for her own food. So it was really really tricky. It's one of those things, I do check in, she is still very overweight, she has gotten taller, but she is always going to be a big girl. The thing is at

home it has fallen back into those old habits again , of course we aren't there checking her every day.

S: Yeah, I know. It's an interesting point you raise there J. You are making me think about these conversations that you have throughout the lifestages of a child within the years of primary school. That it's a very different challenge that you have when a child is 4 than when a child is 11. So, it's an interesting point you raise that you are almost trying to get the child to take ownership of this as much as an 11 year old can. So, that when they make that transition to highschool and they are prepared.

J: And they are more aware of their bodies, it was changing naturally, because of her age. But I have to say she was a very active little girl, she took part in everything. So it wasn't that she was lazy , it was the over-feeding and that came from issues, eh, from the family. It was a shame really because I think, of we could have gotten Mom to work with us a couple of years earlier we mightn't have been at that stage when she left.

S: Ok, yeah.

J: But I have to say there was an awful lot of work put into that family from the dietitians there really was. But, some people you can change and some people you can't. We have to accept that sometimes. It's hard but I think we have always been aware of it but I do think that the CHAMP, emmm what what would you call it...

S: The, emm, CHAMP support, the CHAMP community

J: Well they are championing it at the moment, I think that has made a big difference.

S: Great

J: And it has opened up a lot with our parents and we have those conversations and we do feel more comfortable having them. They are still not easy, but of course it does depend on who the parent is and the way you word something to them.

S: What do you think it is? Could you tell what it is you think it is about the CHAMP support you are getting that's making it easier to have those conversations?

J: I think the support from Sarah coming and working with the parents. She's able to talk to them in the way we don't. You know, I noticed when I sat down with the parent at the computer screen, I was able to talk to them and say wow look at this, they've grown this much and they've moved up this much. But it's all on par with everything so they are doing really well, so whatever you are doing carry on doing it because it's really good. But when I listen to Sarah, Sarah was talking about what do you put in their lunchboxes, so they were like pointed questions. You know, but whereas with me, to be honest, I wanted them in and I wanted them to do it and I wanted them to see it. I could see their faces when they actually, I think X you were there on a few of the mornings and you could see their faces when they looked at the screen. They were a bit like, oooh I can't do it, oooh it's not doing, oooh I can't get through. So we said hang on lets help you, then if I couldn't get through I'd say I'm going to ring the helpline. I know Sarah has wanted them to go on and actually go online. So, I would say to them, let's phone them up and let's get the weights. We would jot it down and let's have another go.

S: Yeah.

J: Once you had another go, come off that and go onto another computer, tried it, it would go in. Em they were just temperamental and sometimes I don't know what that is. But their faces when they actually saw it, WOW.

S: So hopefully they see how simple it is and they log in again next year and the year after and the year after.

J: And it will get easier

S: Then they can see a trend and make that comparison.

J: We try to say that once you are logged in that's it next year you won't have to do all this.

S: Exactly

J: Because we had a few parents that came to the door and said can we have the CHAMP cards, I've done it. So, I was like I didn't give you your letter yet. Then they would say but no I did from last year.

S: Well done, excellent, 2 packs for that! (Ha)

J: Fantastic, and I have to hand it to them and they went off and they were quite happy. But you know who those parents are going to be and it's the parents who don't do it who are the ones that we are trying our hardest with. We are still struggling we are still pulling them in. Then we have sent texts out, letters out, flyers out, posters, we have had 6 morning drop ins. You keep thinking what else can we do, but we can't give up so we've said again, after the holidays..

S: Yeah, keep at it.

J: S and I are going to look at it again and see where we go with this.

S: Great.

J: So we are going to keep it up.

S: Excellent, excellent Julie. Thank-you very much for all that Julie. I think you have addressed all my points with great detail,

J: I hope so

S: Very interesting, em, is there anything else you would like to add?

J: Just that I think it's absolutely fantastic and I think, we do as a country have to wake up to this. It's out there and it's happening and I've been speaking to J the head. I always use America because we have always been so far behind America. If you look America now, I can remember when I was younger they were always big people in America. Now, that's happening here. But the Americans are getting bigger and that's what going to happening to us. You know, we are always that much behind, we are alright, but it is a worry. It has a knock on affect on all the health, you know and I don't think they see that.

S: I know it's something in the future, they don't see the immediate

J: They see the food as that is what you should do for your child, you know that's their way of proving they love their child by feeding them and again like I said before around parents who have had issues when they were younger like they didn't get fed.

S: Yeah, I know

J: So they want to give their child that food, but they are over compensating. They are not looking at the bigger picture. That Mom that we had in particular, it was all about food, she was obsessed with food, and we realised by talking to her that she has actually been feeding the child in the middle of the night. This child was waking up and she was having chicken and rice, in the middle of the night, going back to sleep, coming to school.

S: Aww

J: We didn't know any of that until we sat down, there were a lot of tears.

S: So, it was wrapped up in a lot of emotions

J: But I truly believe we are going to be like America with just obese people, you know you have to look. We have our NHS, look at the health problems everybody is having, we do, we have got to find a way to make them realise that's connected.

S: Yeah, yeah

J: It is about keeping them healthy and keeping them active, and the younger the better. That's another thing I would say with the CHAMP, is they should start from the nursery. Coz

we can see that when they are coming into us, in the nursery, we can see already we have got quite a few children that are overweight.

S: So if you could potentially have the conversation with parents a couple of years earlier, maybe it could lessen the problem.

J: That's right, I hope so I hope so. I think it will it will just take that time to role out. At least we have started, **you have to have commitment**. Throughout my time there are always children who you worry **about but we didn't know what to do other than refer them to the dietitian and if they don't go to that appointment you can't make them**. So, it's about us making those changes and that one of the things we were talking about with the kitchen. That maybe and I know this is something I talked to Sarah about last year about **removing puddings in schools meals**. But parents, it's a big shift, it's something that has always happened, so how are they going to take that and we don't know. **We've got to think about this, we can't just rush in there and do it and** I think this is the start of it for us. You know making them aware and keep doing more drop ins and more awareness for them.

S: You are doing super work J and the school is doing super work as well.

J: Well, it takes everybody to do it you know. It's not easy (phone rings) but we will keep it up.

S: We will, we will Julie, absolutely, thanks a million J, go ahead (answer phone).

J: J answers phone

Interview Ends.

School (2): Interview with C (Participant 2)

S: Thanks for your time today C

C: Go on then

S: Just for the purposes of the recording I am in St. John Bosco Primary School and today is the 1st of March and it is approximately a quarter passed ten. I have C in front of me who is the Headteacher of the school here. So, just to reiterate the purposes for the conversation today C. Em you know I am doing a research project looking at how schools currently manage the conversation of childhood obesity, the challenges in starting that conversation and then looking at any extra training that might help you or anyone on your staff hold the conversation in a more confident way. So, just to explore that a bit further today. Could you give me an idea of your schools current approach to childhood obesity.

C: It comes as part of the curriculum generally, em, so we always try to make sure children do as much of the 2 hours of PE entitlement they have. We have quite a long lunch time, we have 1.5 hours at lunch so the children get quite a lengthy time to play which we hope again is an opportunity to exercise. We've looked at in the last few years and review our lunchbox policy and hot meals provision and reduced the cakes and sweet treats children get. We have also reduced the size of the biscuits that children get. All staff are very aware of children who do not need to have seconds. SO they try to limit those children to just having one portion of food with only one pudding afterwards. I think they are the main things we do in school around food. We talk to children as well about healthy packed lunches in the science curriculum.

S: Ok, so I know you are engaged in the CHAMP measurement programme as well. What is your view as to how that may have focussed you or your staff a bit more on overweight or obese children.

C: I was very interested to know how many children we had who are overweight or obese so having the data from the CHAMP research and programme is really useful. So we can have a look at those children and which year groups they are in. I think the fact that the CHAMP programme goes right across the whole school and doesn't just focus on reception and year 6 is a real benefit to the programme. I would like to see that continue because the other way I don't think you can track children through school. The 2 points are just too far apart.

S: Yeah, so the trends are important

C: Like significant changes throughout those years and by the time the children are leaving in year 6 it is almost too late to be doing anything with them and their parents around obesity.

S: So the earlier the better to start the conversation. Ok, that makes sense. So, thinking about childhood obesity why do you or the school views it as something important to tackle or to address with parents.

C: It can affect a number of things in terms of a child's access to the curriculum. So it can inhibit some children in terms of their access to the PE and sports curriculum. Because there are some things within PE and sport that they can't do.

S: Because of their physical size?

C: Because of their physical size. Things like climbing our apparatus, they can't physically climb up onto the apparatus, so they are not taking full part in gymnastics lessons. Some of the children get out of breath very quickly. We also have a forest schools programme with our year sixes and when we take them out we go to DoveStones Reservoir on a whole day trip. When we plan that we have to be really aware of those children who physically may

not be able to manage some of the activities we do. So we amend the programme looking at those children. That is something you want to be able to give all children the opportunity to do certain things but we know because of their obesity they may not be able access particularly some of the hill climbing activities.

S: Would you see any incidence of bullying or does it affect their social interactions in the class.

C: The other thing that it affects is when the children are sitting down. So particularly in things like assembly, some children we have had have had to sit on a chair because they physically can't get up off the floor again. Or really really struggle to get up off the floor. Children here are generally very kind and very forgiving and quite accepting. But there have been incidences of name calling and unkindness to children.

S: But like you say when that transition to highschool happens it might become more of an issue then because here the children only know these children as they are.

C: Yes, and have grown up with them.

S: Exactly, so they are used to seeing them as they are, but highschool could be a difficult transition for these children.

C: Definitely and on the occasions where I have had to speak to parents about it. This has been one of my worries that I have shared with parents. They are moving to highschool and it's a bigger wider world and they will be with other children who maybe don't know the children as well and have not grown up with them and could be less accepting.

S: Yeah, yeah, excellent. So thinking more specifically about some previous conversations you may have had with parents around weight-related concerns . Em, why did you think first of all it was necessary to raise this topic with those parents.

C: We had a child, em 2 years ago I think now who was in year 6 and was one of those children who found it difficult to access aspects of PE and one of those children whom we had to amend the forest schools programme for, had to sit on a chair in assembly. But also reached a point where the clothes he was coming into school in weren't fitting him properly. They weren't big enough for him, they were exposing his stomach, parts of body that wasn't appropriate and it wasn't fair to him. You would have to catch him quietly in the corridor and say can you pull your t-shirt down . But his clothes just weren't big enough to cover him. So, in terms of the child's dignity more than anything else I spoke to the parent about it. I said he needs some bigger clothes and you need to get him some bigger clothes. It's not fair to him and children will start to notice and it was difficult because the parent was quite offended by the fact that I had said that.

S: Yeah, how did that make you feel when you met with that resistance.

C: I felt for the child. I felt so disappointed for the child, em I actually ended up at one point speaking to the grandparents about it who did buy some bigger clothes for him, em that fitted. Mom came up with loads of excuses as to why she couldn't get clothes to fit him. Look I said if it's adult tshirts he has to wear it's adult tshirts it has to be. If it has a logo on it that's fine it just needs to be a tshirt that fits him and covers him. You know it needs to be acceptable for him and it wasn't fair to him at all. So although it's not nice to have parents screaming and shouting at you about things. You know the reason you've done it is for the child and that's the most important thing

S: Yeah,

C: and the child's dignity and how the child is able to function within the school and how the child is able to access the curriculum. This is the thing that matter the most.

S: You make an interesting point there C about when you meet with resistance from parents that maybe there is a potential ally somewhere else in the family who has influence that could maybe affect the parents view in a positive way. Do you think the grandparents influence the parents in that case?

C: Because the parent was so upset with what I had said, I think the Grandparents contacted me on behalf of the parents. When I explained to the Grandparents what the schools concerns were, what my concerns were and why I spoke to Mom they were much more understanding. They said straight away they would go out and buy clothes for the child. I also talked to the Grandparents about additional exercise, em because one of the things we did do for a period of time in a local park. They have a cycle programme where you can hire lots and lots of different bikes. On a Wednesday afternoon we used to take a group of children. Some of them who had fine motor dyspraxia and they would go cycling but we also took along a couple of children who we knew had a particular issue with weight. To give them some additional exercise so every Wednesday afternoon they would go out cycling and one of the things I suggested to Grandparents was trying to get this child to be more involved in more physical activity outside of school, things like swimming. I am pretty certain that the Grandparents actually went and bought him a bike so he had a bike to use.

S: So that sounds ultimately like that was an effective conversation once you had almost found your way in.

C: Difficult and I think sometimes parents are resistant because maybe they know that there is a problem but they don't like somebody else to point it out to them. So the resistance is there like how dare you say that about my child. When really they know there is an issue and a difficulty. This particular child has had some strong links with the grandparent. One of the grandparents did say, we might feed him too much, we might give him too many potatoes on his plate. We might give him more helpings than he really needs. Maybe we do feed him more like an adult than a child.

S: So your conversation about the uniform helped open up a very worthwhile wider conversation about .

C: Yeah I took the opportunity, but I think one of the things for me if there is someone that that can follow up with the parents. So once you open that avenue with parents, you can say to them, look we can refer you here and you can get involved with this and not necessarily the parents having to go to GP / nurse themselves. It would be great if we could say ourselves to them, we can make you an appointment and there is this service to help you. Because I think sometimes for people to actually go themselves is difficult.

S: Yeah, a step to far almost.

C: Yep. For example somebody can come into school and talk to you and we can make those arrangements. So it's making dietary services or anything like that available to parents in a kind of more accessible way.

S: So something non threatening. Yeah ok all sounds very interesting C. So just talking a little but more about the resistance, can you give me an example of the phrases parents may have said. So thinking about this family what they said when you initially raised this with them, what kind of language might they have used or did they just say ' we don't see it as a problem' like denial.

C: I think it was more around, don't you talk to me about my child like that and you have pulled him up in front of other children. You have done this, you have embarrassed him, you have caused this. At one point the parent told a member of staff in the office that she wanted a head on a plate.

S: Ok (Ha)

C: It kind of escalated quite a bit I think.

S: So quite emotional.

C: Yeah, she tried to point the finger at me, that it was my fault that I had said things to him and I had drawn attention to him and I had drawn attention to the problem rather than kind of accepting.

S: So she was maybe saying she was concerned about him being highlighted eh

C: Yeah, kind of bullied really

S: In front of his peers.

C: Something I just wouldn't do. But her perception was I caused it. So then any opportunity she had to complain about me she would.

S: And that is a good point C I think and it is one of the reasons we schools as such an important partner in these conversations. You are a constant in a child's life for such a long period, that if you have a difficult conversation with a parent of a reception-age child. You have to work with that parent for another 6/7 years that relationship is really important to you.

C: Yeah, its that frontline thing. So much of what we see in schools is not just about weight and obesity. We are often the ones who have to have those difficult conversations with the parents. But at the same time maintain some kind of relationship with them. I think sometimes having someone else you can point the parents towards or being able to say we can help with this. Rather than saying this is the problem and you need to do something about it. Which is sometimes what you feel you have got to do but maybe sometimes we don't have the back of resources that sometimes we need. Like signposting parents to the right agencies.

S: So you want to help them take accountability for the problem but help them by offering them guidance as well. Not just shunting it onto them and running away.

C: Or then feeling as though you are pointing the finger at them. I think if you say we are concerned about this, these are some of the things you can do. It is still quite hard but then at least you feel as though

S: You are supporting them as well

C: Yeah for example one of the things we have started, actually we are starting this afternoon, is the CityCooks programme. I have looked at who is on it as it is really really over subscribed and they are going to look at running another course for us. I have tried to prioritise some of the children I know might need a little bit of additional support.

S: yeah

C: In terms of what they cook at home and how they cook.

S: That's a really interesting point you make when you say maybe to alieve some of the defensiveness that you meet with when you raise these topics with parents. That rather than just saying look here's a problem now it's up to you to solve it. You are saying look we recognise there is a problem here but we can support you and these other services can also support you. That's a much softer conversation than just saying look you've got a problem with your child and you need to address it. That's very interesting and a very good point. Em, so thinking about these conversations and maybe having them again in the future. Or somebody on your staff having these conversations what are the points that are most difficult. Would you say for example is it starting the conversation, is it the language?

C: Sometimes it's about finding the right time to have the conversation in terms of, kind of, if you do it too early when you may be a little concerned about the child. Are you really

saying to the parent, you know, being too invasive really. Or leaving it too late where it has become a problem like for this child who's clothes wouldn't fit properly. It's the timing of the conversation in terms of, you know. Maybe the access to the data would allow us say, you know this information has come back to us about your child, just to let you know. Because we are not doing our job if we don't let you know. Having that practical data information rather than us looking at a child and going, mmm he looks a bit big, it might just be stage they are going through, maybe they have not grown into their full height sort of thing.

S: And that is a good point I think anyone in the CHAMP team would always advise education professionals to try and not scan children and make that judgement just by having a look. That is where the data gives you that independent view and clarity as to whether there is a problem or not.

C: And I suppose that is the difficulty around who has the access to the data.

S: Exactly

C: And the fact that parents have to log on to access the data themselves and I kind of suspect. Although I could be completely wrong that the parents who really need to log on and see their child's results are probably the ones who don't log on.

S: Yeah

C: Because probably they know and maybe they don't have much control over what the child eats, or they know they need to change their own eating habits, or maybe they themselves are quite big or overweight so it's a broader issue than just the child. SO whether there is any way around that in terms of who has access to the information whether it's sent out to everybody anyway, I don't know....or if it's sent out to parents as a matter of course and they get it, to be able to see.

S: Yeah, we can have another chat about that. I suppose we are touching on barriers here to starting these conversations, you raise a point there that maybe one of the big barriers is a weight concern parents have themselves. So quite often we would see that heavy children have heavy parents, would you say sometimes that could be why parents are being defensive, it could be an awkward conversation for them to have because of their own personal issues.

C: Yeah, and certainly some of the children we see, that maybe you would suspect are starting to become obese rather than just slightly overweight are children of parents who are themselves probably overweight, just by looking at them. I suppose that's the difficulty in school is all we have got is what we see of the children. So I suppose for us at the moment until it becomes another problem such as not being able to access PE or clothes that don't fit properly, or those kind of things it is quite difficult to initiate that conversation. We are not medical professionals we are not dietitians, we don't really know.

S: Yeah, that's another very interesting point, so what you're saying is possibly it's easier to start this conversation if one of the consequences of being overweight or obese directly relates to education or attainment or participation in whatever it might be in school. That could be an easier way to open the conversation. I suppose that is another question I have which is how do you feel who is the right person to have this conversation?. So what you are addressing there is, you are a headteacher of a school so something that relates to how this child lives in this school is a natural starting point for you to have the conversation. Whereas maybe something that is related to health is a bit more of a leap.

C: Yes, I think the conversations have got to be by senior staff in the school. Because they are difficult conversations to have, they're not easy conversations. Em and I think you know

class teachers have to retain a certain relationship with children and with their parents. To then start challenging them about their child's weight is quite difficult if you then want to maintain that relationship. If it's a senior member of staff, be it the school SENCo in terms of a special needs issue, the deputy head or the head then it takes that situations and removes it slightly.

S: Yeah, that makes sense.

C: You know all of us are experienced in difficult conversations with parents all time around the variety of issues. Part of that is the training that we all do for the roles that we do. In a way we are more resilient to some of the barriers that we meet with parents. We are used to meeting some of those difficult barriers, we are used to meeting parents who are not happy with some of the things we have had to say to them. And we can deal with that ourselves in a different way. I think for class teachers it could potentially be quite a difficult conversation to have. Unless there is something specific that had happened in a classroom, that the class teacher can say, look this has happened and it might be related to....

S: A particular incident...

C: But I think otherwise it's much better to be slightly removed.

S: That is something that other schools have said as well. That seems to be consistently coming through in these conversations.

C: And I supposed the other thing is now, hopefully, that if it gets sorted out that we have a school nurse once a week that there is somebody else who could potentially, if we know it's going to be quite difficult. We can invite the parents in and say look, it's myself and the school nurse or the deputy head and the school nurse of the SENCo and the school nurse and we want to talk to you about this. Then you have somebody medical with you who can support you with that.

S: Yeah somebody who represents health.

C: Say, when I was having the conversations that I was having with the parent, we didn't have a regular school nurse slot, somebody coming in weekly at a certain time. So we now know that's on offer.

S: Ok excellent

C: And we have offered to parents, we have an open offer when the school nurse is in on a Friday morning where parents can come and talk to the school nurse about issues if they want to. I know some parents have come in to talk to the school nurse. Whether any of them come to talk about weight issues I don't know but every so often I put something in the news letter and it might be about sleeping it might be about behaviour it might be about weight. So to give parents ideas of the kind of things that the nurse might talk about.

S: Yeah, yeah, excellent. Just before we finish C you mentioned something there about previous training. Have you or the school had previous training around weight related conversations before?

C: No, well we have all had training on child protection and having difficult conversations with parents.

S: So, that is relevant and those skills can be applied.

C: Yeah, but not specifically around talking to parents about weight.

S: But it's interesting like you say that the environment or the psychology around dealing with that resistance or dealing with emotional parents. So, you have had maybe to discuss a different topic but how to manage those circumstances.

C: And being able to understand that whatever parents throw at you in terms of their defences are not about you and being able to see beyond that. They are about maybe issues

or difficulties they have got but you are very easy to blame. I think it's being able to step outside of that and say look you might not be very happy with me but my concern is the child and I've got a role to make sure that they are safe. And that they can access the curriculum that we are teaching at school. If they can't do those things and they are not safe then, you know

S: That's like where you say a member of the senior leadership team is probably the most appropriate person to have that conversation because they are already quite well equipped to deal with those circumstances.

C: Because I guess potentially if parents don't engage and they are resistant to the point of not doing anything at all about what you are saying you are looking at emotional health and well being. Are you then talking about social services, maybe early help and referrals to outside agencies. Sometimes you have to say to a parent, you know if you don't something about this, this is what we will have to do next. Again it needs to be somebody who has that experience.

S: Yeah, because you are really escalating it at that point. Ok, em, so my last question to you C is if we had a blank canvas here today and we could offer you any kind of training or support around starting these conversations what do you think would be most useful for a member of your senior leadership team to have.

C: I think having some data about the child, so you can actually say, look this has come back from the CHAMP team. We are not doing our job if we don't share with you this information that we have got. Might be useful, so any data that can be provided and I guess any information about the sorts of things that parents can do to address the issues. We can talk about the things we do in terms of school lunches, in terms of sport provision anything like that we are doing to help the child. But I think information that we could signpost parents to, resources or information they could take home, or someone that could come into school that could talk to them. Work with them about the issues would be really useful.

S: OK, excellent C thank you very much. Is there anything else you would like to add before we finish up.

C: I don't think so, only that the introduction of the CHAMP programme right across the school, I think the impact has lots and lots of potential benefits which is why we agreed to take part in the research and things like that so that children can access the curriculum as much as they can.

S: Well hopefully it all continues. Thanks for your time it is much appreciated.

Interview closes

School (3): (Participant 3)

S: Good morning J thanks for your time today. Just for the purposes of the recording I am in sitting in front of J it is a quarter to ten on the 2nd of March. Ok thanks J. I've just explained to you the purposes for the conversation and just to reiterate that. I'm undertaking a bit of research at the moment around how schools currently tackle the conversation of childhood obesity and maybe any challenges you have experienced personally or maybe anyone on your staff has and possibly anything we could do to develop some extra training that might give you the extra skills or confidence to have more effective conversations around weight related issues in the future.

So just to explore that a bit more today. Could you give me an idea of what your schools current approach is to tackling the conversation of childhood obesity with parents.

J: Well if I come at it from a different angle rather than the obesity bit we are a healthy school and we are constantly talking about sport and exercise. So on our school improvement plan PE would have equal status with maths, English and ICT. You know it's got it's own action plan, the assistant head in the school leads on it, so it has got a really high profile that would go from nursery all the way through school. There's a real emphasis on doing those weekly dance, gymnastics and games lessons but on top of that we also do like a daily mile. So from Year 1 up until Year 6, we want to do it as a daily mile but it has been hard to fit it into the curriculum. So it's 3 or 4 times a week children are expected to run, go outside and run for a sustained ten minutes to see how far they get. Then we set a benchmark and we keep going back to that each half term to see the levels of improvement. So it's really measured, we have a benchmark.

S: Just for interest, how are you measuring that? Is it just participation numbers or

J: How many children can do it for 10 minutes without stopping, so the percentage that could run for 10 minutes without stopping at the start and then at the end we will look and see what the improvement rate is. It's fairly basic but at least we are measuring it, yeah to get that indication. So we have got all of that in place. At play times and lunch times we don't just let the children and just play. We have got a raft of activities, so for example at lunchtime there would be hockey, basketball, football, cricket, rounders, dancing, skipping there would be. We are constantly going back to it and be we are not capturing that little group why are those children not joining in and really out for children and going right we need to put something else on. For example, we find the girls participation is less because of the things we are offering. So, when we went and asked them they said they wanted to have dodgeball then we put that on as an additional sport. I think we are really responsive to what is happening, em at play time a similar thing has happened. So children will go outside and be expected to play sport but at lunchtime we say you are not to just wander around you go and you find an activity. So they are constantly there and then we have masses and masses of after school clubs. I think next half term we have got over 250 children who are engaging in sporting activities after school and those are run by our teaching assistants or external providers. So there is a massive focus on sport and activity. In terms of the lunches as well, we try really hard to the point where I will go and have a look at which children in reception, year 1 and year 2 are on packed lunches and have rung individual parents. I've tried a number of strategies to say to them, you know look, you might not have realised but you get free lunches, you can get a free school dinner because our packed lunches are really unhealthy. At lunchtime we have a lunchtime organiser who literally knows the individual sugar content and fat content of all the different drinks from

Aldi, Asda, Tesco she knows. We got at the start of this term we got rid of everything apart from. At first we said it has just got to be water and we had a massive backlash, well not massive but it felt massive. You know when you are trying to introduce something new, quite a few parents who were complaining that they couldn't have fruit juice. Even though we were saying, and I know it's not particularly to do with weight, look we are saying from dental health it's not advised to drink. You know it's still got sugar in it. We know it's healthy sugar as it were but it's not good for children's teeth. So we have allowed the pure fruit juice and we have allowed as well, em, flavoured water as long as it's not got sugar in it.

S: Yeah

J: And we have sort of said, that's a bit of a transition. People have gotten on board with it really really well. This lunchtime organiser just constantly, everyday she is saying this is a really healthy lunchbox and once a week children who's lunchboxes are not healthy they get like a leaflet.

S: OK

J: Put into their lunchbox that says can we remind you about what a healthy lunchbox is. If they are really bad she will come and tell me and I will telephone individual parents and say that packed lunch was not healthy enough.

S: Yeah

J: But I would love to not have packed lunches at all, I would love to say we don't do packed lunches, everyone is having a school meal and then we can really monitor and see what they are having. So as I say, I can't do it for the juniors or the nursery because there is a cost involved but for the other ones we put it on our newsletter all the time. We keep saying, don't forget you can get free. To the point where we will be saying you can get savings of this amount of money, em and it works up to about £3,000 over 3 years, I think I worked it out on an average packed lunch costing about £3. We worked it all out and sent that out and on our website we have things that demonstrate packed lunches about how much fat is in a packet of crisps or in pepperamis, you know those kind of things. Then when it is parents evening we get Manchester Fayre to come in and do little workshops and then they would have examples of what typically is in a packed lunch and better examples and say don't have that look at all that fat. Then, we have taster sessions so that then they can say come and have school meal they are really delicious, they are really good, they are really nutritious.

We really engage with Manchester Fayre about what they are providing for us. And like in years gone by you might be in the dining hall and they would say 'who wants seconds' and we don't allow that anymore. We say people can have seconds of vegetables or salad but are not to give seconds of anything, of any of the other food. I really keep a really close eye on the pudding sizes, to the point where, sometimes I think where they have had a traybake and they have just ended up cutting the lot. If I see a child I will literally cut it in half and take some out of the bowl and say, just eat that bit they have given you too much there. Em, I have my lunch in the hall everyday as do a number of staff and we created then like a promotional video that I have done with some of my friends with vegetables.

S: OK (ha)

J: We show it in assembly periodically because what I notice is the children eat the food but then they tend to leave the veg at the end and they don't have very much of it. It's not because they don't like it, it's because they are not used to it and they don't have it. So, we have the brilliant, it's really cute it's about the vegetables saying how they have worked so hard to be really healthy and they are so excited about being eaten in the kitchen and eaten

in our school. Then I interview them and say how would you feel if you knew that children were throwing you in the bin.

S: Yeah

J: The vegetables are all like AHHH!!

S: I'd love to see that J

J: I've got it on email, it was so powerful because it went at a different angle for the children so when they leave their veg I will go awww they've worked so hard trying to be healthy for you. Now there are no children in school who won't, even if you say go on, I just want you to eat another forkful of vegetables and they do. They are all getting on with it.

S: That's a great achievement.

J: So we have done absolutely loads specifically around. Well one of our clubs if fit-for-life and that was really linked to looking at children were either obese or had weight problems and then targeting them to be involved in a club where it was raising expectations and levels of activity. Then we have a parent support advisor as well who can support families. We ran a course as well for parents where it was about eating more healthily for themselves and they learned what kinds of things they should be eating. I think I've answered there, you know we have got a number of staff in school as well who really personally care about it

S: Yeah, so they are personally committed to it and value it

J: Yeah we are sporty, we would consider ourselves really good role models. We have a running club for staff, and, em, I mean I am going off the point here

S: No, no, go ahead.

J: It is sooo important to us

S: Yeah, so it's setting a culture

J: I notice a lot as well that a lot of our lunchtime organisers and teaching assistants have quite a lot of time off work. If you compare their attendance levels with teachers, it's a lot lower.

So our sports coach at lunchtime is really into health and diet you know he is really good. We need to look at it a different way and this is contentious because it is something to do with social mobility almost. Teaching assistants don't get paid as well, they are not as well educated. Lunchtime organisers are further down that pecking order and they don't understand it for themselves. They don't eat well themselves they don't exercise, they are overweight, they are not healthy, they don't understand about it. So, our senior lunchtime organiser, I said to her look, she got a little running club going together to try and get the lunchtime organisers. Then they go swimming once a week. Because I said we are going to have to look at it a different way. They keep being off or they keep being ill but they don't get that they keep being ill because they are not healthy and they don't look after themselves. So, our coach is going to do as well do a workshop with our lunchtime organisers about their own health and looking after themselves. Sorry I've gone on a lot.

S: Excellent, no that's super J. Thank you for all that. It sounds like you are doing a lot of really good work. What I'd like to probe a little bit further is those conversations you have had with parents. So, thinking about the conversations that you have had individually when you rang them and said, the lunchbox isn't appropriate. You know what's in the lunchbox isn't appropriate that you have sent in. Or maybe some other conversations about the children who have been targeted for your fit-for-life club. Was there any defensiveness, were you met with any attitude, how did you find that conversation.

J: I don't have a problem with the conversation at all because I think I'm coming from a place that I understand it very well. I think other people, I can't speak for all our staff but I

think some people would not be comfortable to have that conversation. Quite rightly so because some of our staff are overweight. So straight away that will immediately...

S: So it's a personal barrier to them even starting the conversation.

J: Yeah, completely, isn't it. When I was looking through that, that is the essence of the problem.

S: It has to be the right person to have the conversation.

J: But it has to come, if you are trying to do a whole school thing that we think obesity is a national problem, we are going to do something about it, everybody has to be on board with it and so then to have overweight staff is, em, that's where the real barrier comes in. In terms of talking to parents about packed lunches because I am talking to parents of such little children, I am not coming from a place where I am talking about obesity particularly and how I was trying to do it. It's trying to get into a mindset, isn't it and when I was looking at it, this Mom, you know they come in and they have teeth missing. Their own dental health, we are not going to be able to say you need to do this because of...

S: Yeah, it's just not a priority for them

J: Yes, if they can't do it for themselves, they are overweight themselves. But that is why I was trying to come from that angle about. You could go on a holiday, if you just put them, but they say they are really fussy. And even if I said don't worry because I will personally go in and I will sit beside them and we have really brilliant lunchtime organisers who are really great at encouraging the children. Once they see everybody else eating it you can get them in. But, there are some really hardline families where even when you say all of those things, em, they don't hear it. I think some of it is around, they'll say I asked them but they didn't want to. Then I say, it's not for a 4 year old to decide, you are the parent and you tell them that this is what is happening. This is what, they don't decide, you don't give them a choice. It is not about, you don't ask a 4 year old, this is what's happening you are going to be on dinners for now. I said and I will do the rest. Send them in and we will sort the rest out. They have got those anxieties themselves where they will go, they are fussy they are fussy. So that part is a real barrier, em, in terms of talking to. We had a very very obese boy a few years ago and in terms of talking to his mom it was really difficult because she was really obese. That's one of the things I have noted down here, where sometimes you feel you are really ineffective because you are trying to, it's the tip of the iceberg talking about the child. Because, em, I sometimes, we had a Mom in here the other week and her child had been targeted for fit-for-life and they have left now. I do love the Mom, she was absolutely brilliant and she tried so hard but the girl had gotten really overweight. What she was blaming it on was that, you know you would not play out around here it is not a nice place.

S: Yeah, yeah

J: You would not want your children playing out at night.

S: So safety is an issue.

J: So she would say there is nothing for her to do, she can't play out and you know god love the little girl last year she was saying I run at lunchtime. She really bought into the whole fit-for-lifestyle, she was really trying really hard with it. Her mom was in here and her Mom is a bit overweight, not massively overweight but carried too much weight. She said 'I just feel really mean' she said because you know if we all have a biscuit. I said don't buy them, she said don't buy biscuits, yeah I said just don't buy them, don't have them in the house. Why, is it, if she's overweight you are saying that the 2 of you, Mom and Dad you want to loose weight why torture yourself by having biscuits in the house. Just don't have them there. You

know if you feel like you want something that is a little but sweet then think to yourself, oh, I might have, I don't know

S: Like a piece of fruit

J: Or even, but even, well I have a little bit of chocolate most days. But

S: But you have portion control

J: Yeah I do, we don't have masses and masses of boxes of it, I can have a little square of Green & Blacks and I can sit down in the evening and have that and it's not going to make me obese. I can have that because the rest of the time I exercise and I eat healthily. So, it is really difficult and it was interesting just before you came in I was looking through this. You know it is a national thing, there is no point in us trying to keep, parents get annoyed if, you have to be very careful about being critical of the child's lunchbox and some people. Like we had a family here, where they kept putting brioche in for the sandwich and anyway. So when our lunchtime organiser and she is brilliant the lunchtime organiser, she just kept saying you are not supposed to have brioche that has got sugar in it. But they came in and it was hysterical because they had written on the sheet back, brioche is a French bread, just because you only buy cheap tesco loaf of bread or whatever. So we had them in and I said it isn't bread, it's cake, brioche is French cake. It's second ingredient is sugar, it isn't a substitute for bread.

S: And how did they respond to that? You know it's not your opinion it's just fact.

J: But they just, there is a lack of intelligence and a lack of understanding about it completely. So, and even the girls class teacher was there because what this Mom said when she was younger she was hypermobile and kept saying she needs to drink, she needs to have like a little pack of biscuits all the time. I was like, no, absolutely not, like

S: Did you have weight concerns for this child?

J: Yeah, she is not massively big but, em,

S: But there was a concern?

J: Yeah, she certainly does not need to eat biscuits, no one needs to eat biscuits.

S: No, exactly

J: And then we have a really skinny girl who after we had introduced the water thing I was sooo annoyed. I actually emailed Sarah and just said this is ridiculous, because then we had a letter from a dietitian, because the parents went in and said the child is fussy and let her to carry on having cordial when it's against our school policy because she felt. And a dietitian suggesting that, well the child is skinny but that is not what she needs to do...

S: No the focus should be nutritious foods

J: Yeah, and so then the Mom brought it in and was a bit like see this is what the dietitian said.

S: Ok, ok that puts you in an awkward position.

J: Yeah and I was really annoyed about it the little girl is, and her Mom will admit it, the little girls wraps her Dad around her fingers and you know says that she is too fussy. I say look she can have flavoured water, sugar-free flavoured water and then you will be following the school policy you have gone along with us. The mom is a lunchtime organiser and so it is quite awkward. When we changed the water over there was part of us that went do you know why are we killing ourselves trying to even address this because it can create this backlash of things from parents. Then we have got parents coming in and we were like oh my god it's water-gate. But, we do, I particularly believe in it really strongly and I just think it is absolutely fundamental. So we just keep chipping and chipping away at it

S: By staying consistent, like you say trying to keep the consistent message across all the staff. So all the staff are saying the same.

J: Yeah, yeah,

S: It sounds like you are doing great work J and you personally have taken on a lot of these difficult conversations yourself.

J: Yeah, well it's quite easy for me to do it.

S: Yeah, well obviously you are the most senior member of staff.

J: Well we have an executive head who works across the 3 schools,

S: Lisa is it?

J: Yes

S: Yes, I have met Lisa once.

J: And she is just the same as I am. She will eat the school dinners, both of us say wouldn't it be brilliant if we didn't have to have packed lunches because we could just keep a much closer eye on what children were having. I think that would make a real significant difference.

S: Is there anything if you were given a blank canvas today that would help you or any of your senior team have more effective and more comfortable conversations with parents around weight.?

J: Emmmmm,

S: You know, if there was extra training, if there was extra support available, what do you think would make this easier for the school?

J: I think the, like I was saying. I think when we are coming at it from an angle of the children that doesn't work because if you go out onto the playground and you look at very overweight parents who don't do it for themselves. They are not, potentially, if they can't do it for themselves they are not going to do it for their children. So I think it has to be something that is for parents where we,

S: So something that engages parents

J: So we pay for this running club for our staff and when we were starting it off it's not gone off the radar yet. But, I would like to do it for parents and I would like

S: So trying to establish those values with them first in the hope it would filter down to their children and become important to them within their parenting skills.

J: If you are overweight yourself and you keep buying biscuits or you keep having take-aways in your diet. You know if you opened up peoples cupboards and I mean. I would love if white bread, you know there is just no need for it, let's not have white bread, we said that to Manchester Fayre we don't want any white bread we don't want any white rice. Straight away we will have brown rice, wholemeal rice and wholemeal bread. Immediately we just get rid of those things. I would like to see the end to puddings in the school lunches.

S: Excellent, we would be right behind you on that J.

J: I would like to see some portion control because I think, I can see why you know where Manchester Fayre are coming from when they say that is the price and it wouldn't be fair for it to be smaller for the infants. With more for the juniors and it costs the same amount. I think I was talking to Sarah about it when we said, couldn't they say that the infants got a piece of fruit or a little bottle of water. Like if they got something additional with it but that the portions were smaller. I would love there to be universal free school meals for everybody. Even though I know that, I want to make it easier for myself but

S: Yeah, so that would give you the control

J: To do it because I think the packed lunches cause a massive problem. I think the portion sizes cause a problem, I think the puddings are probably very nice but they are unnecessary. I mean I have a school lunch everyday but I exercise most days and so it doesn't matter I can carry a massive sponge and custard. But I mean all it takes....

S: Well you have all that knowledge, like you say, the discipline to manage that whereas a lot of the families we are talking about don't have the knowledge.

J: No, I think certainly in more affluent areas you won't have the same problems because people are just more into it. We had a lady come in and she was running some fit camps from the council and some of the little council housing things have the grass areas out the front down here. We were like, oh my god this is brilliant, we had her in, we did loads more flyers for her. Oh my god this is going to be brilliant but it didn't take off.

S: That's a shame

J: I know, then the park runs, this is my fault because I have not pursued it any more. But, we have got ladybarn park at the back and if we could get there to be a park run there for children, like the Sunday ones. We would be able to get like..

S: Well I guess most of your children live in a small enough radius of the school

J: They would come and they would do that. I think doing something like that, you know if there was one on the Saturday and the Sunday I think we would get parents. We would be able to say then, why don't you come along on the Saturday one. Just try to, you know people have got to try make a start, it's not going to run itself. That's what I always think to myself. I don't think there is one answer but I do think it has to come from educating parents about looking after themselves. I think what is still really sad, if I was to some of our lunchtime organisers and asked, do you know your life expectancy is a lot less than somebody who lives in Wilmslow the same age as you, because you don't look after yourself.

S: And is that an approach you would ever take in these conversations? Say for example around the lunchbox conversation with parents. Would you ever say, in different language, but the consequences of, the health consequences, the social consequences of being overweight.

J: Well I have said, well sometime people will get annoyed if there child is being bullied. Or if they have said that they are being bullied because they're overweight. Well it's like.....lose weight.

S: That's what is going to happen. Then you have the difficult transition that children make from primary school to highschool and I know this is quite a safe environment if a child is overweight. That is the child that the whole school has only ever know. Then they are thrown into a whole new environment and can make it very very difficult.

J: I saw a child the other day. It's a girl that is actually in your year 6. All through school she has been absolutely fine, a real cutsie, pretty, lovely. Mom little and skinny. Walking along and I thought, crikey, she has really ballooned up and she looked awful. Em and I don't know, the Mom has got a bit of an edge to her but I would love to say to her, she is going to have to be on a diet for the rest of her life. She is 10 or 11 and she must weight heavier than you. Suddenly this little girl, who was your little pretty girl is going to have a hideous teenage years because what on earth have you let happen to her. But you have to have some kind of relationship with the parent and I don't know her well enough to have that relationship to have that conversation with her.

S: That is an interesting point J, thinking about, I think what you are saying to me there is you would have a little bit of reticence about starting the conversation with that lady

because you are aware there is an awkwardness to her personality. Or maybe you don't have a pre-existing relationship to call on. What would make it easier to start that conversation? Would it be you know, something like, for example you encourage her to log onto CHAMP so she can see for herself or do you try and relate it back to something in the school environment in terms of the child's education. Say, look something has happened in school or we have noticed the quality of her work or her attendance. Do you try and find an in

J: Yeah, we have before, not so much in that case. For example if a child hadn't brushed their teeth, we would, I would phone the parents and say some of the other children don't want to sit next to them anymore you need to get that sorted out. So you can come at it from that angle, even though the children haven't done that. Us as adults have noticed it and said you need to. Because that is more effective. Because if I rang and said, oh I was talking to your child today and they haven't brushed their teeth.

S: That could create animosity

J: No, not so much that, I don't think they would care so much as if it was other children moving away from on the table. That idea that their child was being ostracized by other children is more motivating for parents to do something. So perhaps, even as we are just talking now that is an in to use that as an example.

S: So that parents would put value on that so maybe they wouldn't be able to foresee the impact on a child's health 10 years down the line or an impact on social mobility or employment opportunities, whatever it might be. But that's a more 'here and now' thing

J: But then on the back of that you get the bit where people, em, parents would then say, the other children should get into trouble for doing that because that's not ok to be unkind to somebody because they are overweight and we are not saying it is. It's about having that conversation and saying we can't stop other children from saying it, it's not about that it's about your child, your child is not daft they know. Like when we have had children who can't get up off the carpet,

S: yeah, who can hardly take their own shoes on and off

J: Yeah and even when they are little they perhaps don't notice it as much. But I think they do, you know when they get undressed for PE, they can, they will notice things like that. I do think it's about picking it up much earlier.

S: Yep, we would agree with you on that.

J: Perhaps doing some staff training. I always, it makes me sound really weird but, I would always be able to spot which children, I was a year 1 teacher. So they were only 5 when they used to come into my class. As soon as they got undressed for PE you could see which children had more muscle mass immediately. Even though they are not overweight yet they are soft and they don't have any sort of muscle on them. I guess it's raising awareness for staff to think just keep an eye, is there anyone in your class. You know we don't do that. I don't say staff, em, are there children you have noticed are a bit overweight. Because every half term we ask for referrals to something called social inclusion, where we will, where somebody might say somebody's behaviour has not been brilliant. It could be for a plethora of reasons. Anyway they will refer us and we will look and say, ok they will have some sessions with our. We have got a behaviour teaching assistant who runs loads of little interventions around self-esteem. Maybe within that for next time, I could put in a little bit, out of interest you know.

S: Well we have the year level data so you will be able to see if there are any particular years that are of concern and then if you thought you had a particular concern about a child. I presume you have a school nurse that comes in?

J: yeah we do

S: You could do, you have a well trained eye but not everyone's judgement is correct. So if you had a particular concern about a child ask the school nurse to get the measurement data and that will clarify things for you.

J: Right, ok

S: I can't provide it to you directly. But because the measurements were taken by school health you school nurse can get them for you. So if you had a list of children who you thought you wanted to be absolutely sure. To rule it in or rule it out, we can share that information with the school nurse.

J: It's about just thinking **now what we do with that information. When I saw that little girl I thought, gosh that has probably happened quite gradually**

S: And that's where these yearly measurements are so useful. So when parents do log on and see the trend that's quite powerful. Hopefully as a school you will see the year on year comparisons too which will be useful for you. OK J just to finish off this conversation, emmm, I think you have answered everything in great depth thank you. Is there anything else you would like to add before we finish.

J: No, no

S: Ok very good, ok that super.

J: **I was just going to add it is such a national problem**

S: You feel you have to act because

J: Yeah ,yeah, sorry

S: Ok J thank you

Interview Close

School (4): Interview with K (Participant 4)

S: Thanks for your time today K. Just for the purposes of the recording I have K in front of me and we are in X school. What is your job title now K.

K: I am in inclusion manager.

S: Ok, inclusion manager. That has changed a few times in the last few months. Em, today is the 2nd of March and it's just after half passed two. So, as we have discussed K, I am doing a research project looking at how the conversations around weight related concerns in schools are currently happening. I know we have worked together before and I want to get a feeling for maybe extra training. If it was made available to you or anybody else in the school and would be of use and maybe make those conversations easier and possible more confident in having them.

So, I am just going to explore that a bit more today and please talk freely this will all be kept confidential.

So, start with could you give me an idea of what the school's current approach to childhood obesity is and that could be physical activity, lunchboxes, CHAMP, after school clubs, the whole picture.

K: We are a healthy school so we obviously follow all their principles. We can't be responsible for what happens with the lunchboxes but the dinner ladies do keep an eye on it and if they don't think it's appropriate. We will be phoning parents and say what you are giving isn't appropriate. Em, we also have snack and milk throughout school and that is all we give out. We don't have chocolate and sweets and things like that.

S: Yeah

K: Em, we have a specific person who teaches PE in school, so he is a PE specialist and he goes around and teaches the PE and there is a lot of sport that goes on after school as well. We are also with the CHAMP programme, em and we have been for 3 years now. We have worked with quite a number of people from that. We are currently working with someone from Manchester University who is looking at CHAMP data to see how accessible it was for parents and see how we can work on that. There have been a few other things we have done with CHAMP since we have been involved with them really.

S: Excellent

K: That's it really. Eh, oh we do Change For Life as well.

S: So maybe probing a little bit deeper into the conversations that you have had with parents yourself or maybe other members of staff have recounted to you. So maybe think about the conversations you have had around the lunchboxes. So you are saying if something comes in that is inappropriate you might make a call to the parents. How did you feel having those conversations did you meet with any resistance and how did you deal with that.

K: Well I think it's fine. I think that within the school we deal with a variety of difficult issues and actually the lunchboxes isn't the most difficult one that we deal with. I think depending on which parent you speak to a lot of them are receptive. Some of them still don't send the appropriate things in so we will continue to speak to them until they do. Em but fine talking to the parents and I think a lot of them take it on board. I think coming from the fact that we are a healthy school and this is why it is.

S: So you defer to the school policy.

K: Yeah the school policy. We are a healthy school so we need to be following this and this is what your child needs to be in line with our healthy school policy.

S: And you touched on there K that you have a lot of complex families that you deal with for a variety of reasons. Do you feel that that experience, almost regardless of the topic, so just dealing with difficult circumstances, dealing with complex families that those skills are almost transferrable.

K: Yeah, regardless of the topic. I think because we deal with, I am part of the early help team as well so because I have very difficult conversations about everything with children and parents it's not really hard.

S: It doesn't feel unusual to you or upsetting to you.

K: No, not at all, as part of health we would deal with the diet and food and talk about that with them. Obviously a lot of our parents have to access food banks because they can't afford to have the food that maybe we could afford. SO we have a chat about it then as well about how you can make healthy meals even though still on a budget.

S: Aw, very good and within those conversations have you every felt. If I had a bit more training on this or any aspect of that which would make you feel more confident?

K: I think our staff need training on it because I think like I say I have a lot of experience dealing with parents all the time but I would think our teachers would find it very difficult to have those conversations.

S: Yeah, could you give me an example of what type of support you think would be of value to them.

K: I don't know whether we need to look at childhood obesity as a staff training, like you know what the causes are, how we tackle it, how would you mention that to a parent you know all of those things.

S: So the language and the phrases

K: And also maybe a greater understanding for the teachers about what childhood obesity is.

S: Do you mean in terms of the health consequences

K: Yeah the health consequences but also we are getting to them before they become obese. So our earlier intervention. I know that we have got a few children who are obese and I do know talking to their teachers they are concerned but they don't necessarily know how to bring it up with parents. Or when they have brought it up with parents, parents have given an appropriate answer back and it's then taking it to the next step. So saying well you can't be doing that because of this and I think that is hard for teachers.

S: It is because I know, as I have had this conversation in a few schools now and quite a few schools have said that they feel the teacher is very much focussed on the education and the educational progress of the child. That it almost feels like for some a bit of a misfit for them to raise this as a topic. Do you think that a school teacher is the right person to raise it? I suppose they have the opportunity in terms of interaction with parents. Just to take the opportunity when it comes.

K: I think that's the argument with a lot of things isn't it. Because of the early help coming into schools I think schools are expected to do more pastoral and that comes under it doesn't it. SO maybe as a teacher I would have gone 'no' I am that child's educator it's not my place to say anything but as someone who is further up and is over the early and help and has seen what we have to do, schools do have to tackle it as well. Because if we look at it, it's part of our education isn't it.

S: Yeah, so not just what's in a book. It's life education and life skills.

K: Yeah, so if we have to, I think looking at it from that slant is that we are not asking the teachers to be a health professional and diagnose them. We are asking them educate them about health.

S: I think that is a really good point. See how you feel about this K, in terms of setting expectations as to what a teacher might achieve. They are not expected to be a dietitian, they are not expected to take these families through a full assessment. My thinking behind a training pack is that it would equip them just enough to have that first conversation. You know that they would feel confident enough to start it. Do you think if it was clear what expectations of them were that they might be a bit more comfortable saying. OK if I take it this far and then I can pass it on.

K: Yes, passing it on. I think if they knew what to say, where to guide parents to. Because it is easy to say we are concerned about your child. But we are just leaving it at that. If we could say we are concerned about your child and we would like you to look at this service that would be better.

S: I can understand from the schools perspective, you want to be able to offer support and solutions. To just identify the problem and then say, ok I will leave that with you, feels.....doesn't feel supportive. That kind of approach I could absolutely see could meet with more resistance if you are saying to parents, look there is a problem and over to you. As opposed to saying, look we are concerned about this, are you, it's a different approach it's more collaborative.

Excellent, ok so thinking about maybe any particular conversations that stands out in your mind as a difficult one that you have had with parents.

K: You were involved in one of our really difficult ones. Yeah, obviously we have a family who have 2 children in our school now and are definitely obese and I had raised it even before you got involved with Dad. And I got told he is big boned and that they don't eat unhealthy things. But teachers were coming to me actually and this is one of the things, he has come into school with an inappropriate lunchbox. What they are eating isn't appropriate you know so the pizzas and the crisps and things like that. It was very hard to have that conversation with a parent who is resistant and couldn't see that there was anything wrong.

S: Yeah, I know and I know we sat in those appointments and they were just not willing to engage at all.

K: I know and I had had a conversation before you did and when I sat in with them and they weren't willing to engage and that's difficult. We have still got these 2 children in our school, now and the little girl is in nursery.

S: So it's a family issue

K: Yes it is.

S: So I suppose you have kind of hit the nail on the head there. There will be more opportunities in the future to engage with this family, whether they choose to or not. But because they are in the school, maybe it is something you could continue to raise and maybe one day for some particular reason they will respond. But, yeah that was a tricky one. So thinking about that, if I hadn't been there, or next time this conversation gets raised with that family. What do you think could help them to engage.

K: I don't know, because I think about another one as well. There is another one and the little girl is in Year 5 and is under a dietitian because she is obese and Mom doesn't give her appropriate lunches, so we have had to have it with them. I think, I think, the parent feels guilty and I don't know how we would get passed that.

S: Do you think about saying something like, we have noticed that other children are saying nasty things.

K: That's what we did first time. Em, I think what we try to do is say, we are not judging you we are trying to help you. I think it's getting that across to them. Maybe we need, because I don't feel like we have a big emphasis on childhood obesity here at the moment. Like you know, if you look around we have got loads of safeguarding posters, posters about loads of other things like that. Maybe we need a big campaign.

S: Like make it a wider school priority.

K: Maybe there needs to be like a launch week, where we have like a em, and then through that they could see that it's not just them that are being targeted. That we are supporting on a range of levels and maybe we need to open it up that way.

S: Yeah, that everyone, even the healthy children are getting support that it's a priority for everybody. Not just this child because he has been picked out because of his size. MM interesting point.

So you talk about that you feel quite well equipped to have these conversations. Is there anybody else in the school who has opportunity to have these conversations?

K: Yeah, the office staff, because they are the people the dinner ladies go to phone home to parents about their lunchtime things. I think they would definitely need to be involved in something.

S: Because they are often the first voice that the parent hears. That's a big ask to be asking somebody to make that call. You know if they meet with resistance at the other end of the phone. That's tricky, ok. That is something I wouldn't have thought of Kate and it hasn't come up before but I know what you are saying that they are the first person to make the call.

Emm, let me see what else have I got here. Would you say you feel confident to raise it as a topic, so would you feel confident to say, little Jimmy's uniform doesn't fit him or he can't fit into his PE uniform.

K: Yes, I would again, but I think even for me that is tricky to raise to a parent. Because you could be upsetting the parent. Em, I think I would feel confident to but I don't know how confident other people would. Maybe they would ask for a more senior member to go and sit with them while they did it.

S: Yeah, for that support.

K: Yeah for that support for them because it is a tricky one isn't it to bring up with parents. You are basically telling them that their child is overweight and you don't know how they are going to react, it's a hard one that one.

S: Could you try and unpick for me why you feel confident to start that conversation.

K: I think it is my experience of dealing with different situations with different adults means that I am not phased that easily by conversations anymore. Whereas people who are on the front line don't really get to have the conversations I sometimes do and don't have the time to have those conversations that I do with the parents. So there is a timing issue there with teachers too, they don't have time to do it.

S: Absolutely, and like you say the nature of the conversation it is quite sensitive

K: And confidential and sensitive

S: And you can have, you know at the start of the day or at the end of the day, grabbing a minute with parents as there are 20 other children walking passed.

K: You wouldn't want to be pulling in the parents and so the teachers get to see the parents at the beginning and the end of the day. But you wouldn't want to pull that parent in while

other people could overhear, so it's all about making sure you do it at the right time isn't it and in a confidential way.

S: So almost there needs to be a prepared sentence or two that just to set the agenda and then say maybe could you come in next week and we could talk about it more because now isn't the time to do it. So that phrase is important, isn't it, to somehow emphasise how important it is but not upset a parents and lose them then.

K: Yeah

S: Very good point. So if I was to give you a blank canvas today K, maybe not specifically for you but thinking about the other staff members you have mentioned, what training could we offer to give them that confidence.

K: I think we need to start at a whole staff level and looking at childhood obesity in general. Maybe look at the Manchester context where our school is within that, what the possible causes are, we all know it's over eating but you know what are the possible causes.

S: Well, we all know, but when you are so familiar with the topic, we assume that that is understood but it's not always.

K: And maybe then what we could do at a school level and then maybe training with the parents as well. So, we could get the parents in and have a whole school initiative on it. Like when we have had world book day we could have a healthy day and that sets it off at assembly and it goes back to the children.

S: So it kind of reaches all aspects of the school and bring it to life in some form. Just another question for you. A few other schools have mentioned that they feel that, with regards to children obviously parenting skills are fundamental. That almost parents don't value their own health, we spoke about a particular family where the parents are very obese as well and you are up against that. That's a real hurdle, some schools are doing some work with parents themselves to try and establish a value in their own health hoping that they will then see that this is also important for my children. I suppose what you are saying in terms of doing a healthy day that would deliver that message to parents.

K: I would like to do a workshop as well. We do reading workshops, phonics workshops, maybe we need to do a staying healthy workshop.

S: I know that it almost needs to be put on a par with the other aspects of the curriculum.

K: Yes,

S: That's a very good point. In terms of technical knowledge, you know we have sat together and we speak about BMI charts do you think that is step too far to expect education professionals to talk about that.

K: Yes, I think so, it depends on what level you are talking about. I think teachers should only have that initial conversation and then somebody else has the more technical conversation. Because you have to really understand what you are saying because you could give wrong information as well.

S: Yeah, correct and it happens all the time. Even other health professionals give incorrect information so it's about making it achievable and credible for a non-healthcare person to give that message. In terms of working with the school nurse to see these children.

K: I think that is a really good idea, where we and Manchester schools are limited at the moment is we only have a school nurse for half a day a week .

S: So you have real time constraints there

K: And she has to sit in on all the child in need meetings and we have such a large level of need at that level so that is all her time. So we would love someone to do the actual health side of things. Like that is what our school nurse if there for as well but because of our level

of need we haven't got anyone who can do that. It would be great if she could that would be fantastic. But she is taken up with all your safeguarding concerns.

S: Ok, I think that answers all my questions K is there anything else you would like to add.

K: No

S: That's super thank you very much for your time today.

School (5): Interview with H (Participant 5)

S: Just for the purposes of the recording I am in XX Primary School and I have H in front of me. What is your current job title H?

H: I am acting assistant head, safeguarding and inclusion lead.

S: Ah, ok numerous titles. Today is the 3rd of March and it is ten passed 11. So just to reiterate what I just said to you H. You know that I am doing a piece of research looking at how schools manage childhood obesity and the conversations you are currently having with parents. Maybe any difficulties around that and maybe looking at any extra training or support that I could offer you or anyone else on the staff around tackling this topic.

SO just to explore that a bit further today, could you give me an idea of the schools current approach to childhood obesity. It could be activity related, school lunches, liaising with the school nurse, just anything that addresses that.

H: It is probably a bit of everything, so obviously we follow the **healthy schools standards in terms of lunches. Children aren't allowed to bring in snacks, they are only allowed to have the fruit that school provides for them during the school day. They are only allowed to bring water in to drink and we have water fountains continually.**

S: Okay

H: SO in terms of trying to keep healthy eating within the school day we have done everything we possible can. **We provide a free breakfast club for all children and at the breakfast club they get low sugar cereal or toast or fruit juice and fruit.** So they can have one or all four, whatever they choose and that is free for every child.

S: For every child in the whole school?

H: Yep, for any child who wants to come. That is sponsored, we applied for some funding from Gregg's bakery and we have had some funding from them. So we top it up a little bit but they actually provide as well an allowance into school. So, every child in the whole school can have a free breakfast.

S: And what kind of uptake do you have on that H?

H: Em probably about 120 -150 per day out of 250 children.

S: Right so almost 50% of the school.

H: Yeah at least, **during that time we also do breakfast boosters with teaching assistants who start work from 8 o' clock.** They would be pulling children to do some **additional teaching** during those times as well.

S: So it provides an opportunity for all kinds of extra support for the children. Very good great idea.

H: Then we have, **our healthy active clubs are after school so we have our healthy lifestyle clubs like dance, football and basketball and things like that. They are all free, well there is a nominal fee of £5 per half term which gives you as many clubs as you want from 3 until 4. The only day we don't do a club us on a Wednesday. So the children can access a PE based physical intervention if you like.**

We also have wake and shake which is something we do anytime we have wet play. The children all go into the hall and do wake and shake so they are still physically active. On a Friday we do a sports club in the morning for families and after school for families. So we have PE coaches coming in from Man City who come and do different games that they can at home with the children and that sort of thing.

S: So it is something parents get involved in.

H: Yes, parents can come into that from a quarter passed eight in the morning and then runs again until four o'clock at night. So that's an idea of what they could do at the weekend, like go to park and active lifestyles kind of thing.

And we are looking at the mile a day and we have questioned we are just looking at how we can facilitate that in school. In terms then of individual children who we might pick up or feel that maybe they are not as active as we would like them to be we tend to try and direct them into clubs. We have one child at the moment who we are working with who we are directing him to support from the foundation unit at dinnertimes. He just wasn't moving at all at playtimes. He would just stand in a corner not doing anything. So we got him going out now, setting up games, getting him running around on the bikes with the little ones. So you know things like that, we are really trying to get them a bit out of breath really.

S: Just so I understand correctly H, when you say foundation unit is that nursery?

H: Nursery and reception, yeah. So some of our older children who might not have great healthy lifestyles getting them into the foundation seems to get them more active and moving. Because the little ones make you move don't they (ha), chasing around after them and playing those types of games, so getting them moving.

Em, so we do that and obviously they do swimming, so year 4 all swim and resource provision base where the autistic children are they go swimming every week as part of the healthy programme. It is harder with the autistic children to always address the food because some foods are the things they really struggle with.

S: Yeah it is so linked with their behaviour.

H: It can be difficult really, so we try and get them physically active as much as we can. So I supposed that is the sort of approach at the moment. Quite holistic, quite whole school, there is a push on healthy eating. I mean we don't say to the children you can't have. If it's your birthday you can bring in a little packet of sweets and that's fine. We will give them out. So, we have not gone to that extreme because we have tried to say to children treats are ok but in moderation. We have done things like healthy packed lunch awards, we have had parents come in and do packed lunch training but it's never really been very successful.

I think there is a financial difficulty sometimes which we come across. We encourage all of our key stage 1 children to have school dinner for lunch because that is provided and the uptake on that has been really good. We gave parents a chance to come in and taste the food when we started introducing that they could see the quality

S: Oh, that's a good idea

H: So they could see what they were getting. Our school dinners are very good, again it's that treat kind of balance thing so on a Friday they have a treat Friday, if you like. So they have fish and chips on a Friday and they love that and that's fine. Then the rest of the week they don't have chips it's kind of. So, they understand the balance and that is what we are trying to do all the time is promote the balance. It's ok to have chips it's just not ok to have them every night.

S: Excellent, excellent thanks H. I don't know if you can think back to any conversations you may have had with particular parents when you or the school had a concern around the child's weight and think back to any awkwardness of defensiveness that you came across and how that made you feel.

H: Yeah, I mean it can be really difficult, it's really sensitive isn't it. In a way you are sort of saying to a parent you are feeding your child rubbish,

S: I know, you are questioning their parenting skills

H: And it is very difficult, so I think from our point of view we always start with the relationship with the parent, so before I would go and have that conversation I would probably do quite a bit of work prior to that to build up a relationship. I wouldn't just go in cold

S: Yeah to establish a relationship first

H: Saying look I think your kid is fat (ha), because that is not going to get me anywhere. So we would look

S: And would it be you H is having these conversations?

H: Most often it would be me, sometime it would be the family support worker. Or it maybe that if parent has a particularly good relationship with a member of staff and we could say maybe could you mention.....We do it in lots of different ways. It depends on the family, it depends on the relationship that we have. For some families we can be more upfront and say, look today has been said on the playground about him being big or fat and he is upset. Would you like us to speak to the school nurse if we can get you some support around diet. Some families will say yes please and that is your way in.

S: And that depersonalises it, it's not you saying I think your child is fat.

H: Sometimes we have gone on the attainment in foundation stage. So we can say to parents, look they are really struggling with physical development, they are not managing to keep up with the other children and we are a bit worried about them, they are not socializing brilliantly we think it's because they aren't keeping up. Can we support you with that. We very much come from place of support and not judgement, not criticism. Sometimes we have to say to parents we are a bit worried because we are seeing now that it's starting to affect his health or he's not playing with the other children

S: Yeah and getting out of breath

H: But it is about knowing the families. Some of our families we have to say and we have to be very hard and say if you don't engage we would say this is neglect now because we know, he has told us that you are giving him chips. If he is going to the chippy every night that is not providing him with good options or a healthy lifestyle. So, I am afraid if that carries on and you don't engage with us that would be neglect and we would be referring that into children's services. That is usually enough for them to listen and engage I don't think childrens services would pick it up if I'm honest with you, I mean I can refer but I don't think they would. So it's that balance and knowing our families really. I don't tend to, I am quite experienced so I don't find it too difficult to have those conversations,

S: I think that is a key point, it keeps cropping up in these conversations that I have had. Is, if you are an individual with experience, almost regardless of the topic that you feel comfortable enough to take on an awkward conversation. You are just able and professional enough to cope with that and cope with whatever comes back.

H: I think it's also when you are known within the community and the school, your reputation that you always put the children first

S: Exactly that, that is your motivation

H: Yeah, then parents tend to listen better. Certain members of staff, not through any fault of their, but may have a reputation as being a bit harder or a bit, it depends on your relationship with the families and with the parents I think. And that's about, all staff put the children first but sometimes it's the way it's perceived outside that parents. If you are seen as being the inclusion lead, sort of holistic and welcoming, then it's easier to have those conversations rather than saying you know what my job is and you know what I have to do.

When I am out there and I see him and he's not playing with anybody else I feel really sorry for him. When you can say it like that to parents they are much more receptive.

S: So following on from that, would you say this is a more difficult conversation for say a class teacher to have because a parent sees their responsibility or their remit as the curriculum and core education as opposed to the whole child, the health and wellbeing side of things.

H: Absolutely, I think also they sort of sometimes think, what are you getting involved in, what has this got to do with you, who are you to tell me. You know that kind of thing. I think there is also an element of seniority, which shouldn't matter but if you are saying to parent, actually I need to see you about something and they are being asked to be seen by myself as a senior leader in the school.

S: Yeah, it sort of gives it an importance.

H: Yes, and they sort of think, well I can't just ignore this and they will also know because of the community we live in that I am the safeguarding lead and that I will refer in and I have done in the past and I have phoned the police and I have done those things. So, I'm not saying there is a fear. I don't think there should be a fear, but I think there is a knowledge that I can...

S: There could be consequences if this isn't addressed.

H: Yes, yes.

S: Would you say time constraints are a factor, in terms of. Or is it your responsibility in terms of you have the conversation versus a teacher?

H: I think for me it is easier because I am not class based. So it is easier, so I can say if I do see something on the playground. That is usually my favourite way in, is to see something happening and then. So we have a few children who we are kind of keeping an eye on who we were going to refer into school health. It is difficult with not having a school nurse, because our previous nurse was brilliant. I could say to her come and watch them at dinner time and then she could have the conversation with parents as well. Em, and I do think it is better when it comes from health, I do

S: Because of the credibility?

H: Yeah, but that's sort of by the by. I can say to a parent can you pop in at twenty to three before, because you don't want to have the conversation in front of the kid.

S: No, and that's a really important point,

H: So the child doesn't even know that their parent is coming in early and I have not got a class so I can do that. Where class teacher can't and it would have to be after school and then the child is wondering why are you talking to the teacher. Em, but I do think not having a school nurse, so having that time constriction, because we used to have her half a day a week and that's gone. That is a big constraint on us,

S: Yeah, it's a barrier to having these conversations if you don't have that support or that backup.

H: And also we haven't got the data, so I could say to the school nurse I am really worried, do a height and weight, get admin to ring and say, the school nurse is in today are you happy so and so to have their height and weight done. Yeah of course, now that is sometimes your way in because most parents don't object to a height and weight check.

S: I know because, I know you have taken part in the extended measuring as part of the CHAMP work

H: And the vast majority accepted

S: Yeah they were very few opt-outs, and like you say now, if you have a concern about a child you can either ask the nurse to take measurements or she can look up the CHAMP measurements and then that's not your opinion, it's not her opinion it's just fact. Here's a chart and it's just fact.

H: Yeah, exactly, like we are having a conversation with you now because your child is flagging and we are worried, what can do to support you to help, to make that better. That's a very different conversation, and the other thing is it's about the monitoring because actually it's all well and good us having the conversation but I have no school nurse I have nobody monitoring.

S: I know.

H: You know that's hard as well, because you kind of feel a bit exposed and I am saying to a parent you need to do something about this but what am I asking them to do. There isn't the back up really the weekly. Or even, she used to be, like some of the children you met with she was weighing them every 6 weeks.

S: I know and it was great when we did see the families she would take a measurement just before she knew the appointment was coming up. So we could say, look in the last 6 or 8 weeks you are telling me you have made all these changes but we can't really see any evidence of that. Why do you think that could be? So it supports your conversation, or your justification for having the conversation.

Great Helen, thinking about, well you obviously feel confident to have the conversations with parents can you explain to me why you feel confident. You mentioned to me that you are experienced in the school, in your role and it gives you that confidence. Would you say is there any knowledge around nutrition or diet or BMI or anything that would make you feel more confident? Or maybe help you take the conversation a step further?

H: Yeah, I think it is about knowledge sort of, for me when you can say to a parent, look, when your child is on the 95th centile or whatever, you know, this is what it is leading to, this is what could happen and that is what we want to stop from happening in the future. I think having that knowledge at your fingertips is really useful.

S: So like a couple of fact and phrases?

H: Yep, facts that can really say, this is what we are trying to prevent, this is what research shows can happen, this is what. Then I think parents are quite receptive to that because most parents want the best for their children, they sometimes just don't know how to do it. I think it's a rut for a lot of parents that they just get stuck in, it's not intentional. A lot of our families live incredibly hectic lives and you have to understand that and say I get it. I get that you are coming in and then whatever, it's just easier to get chips from the chippy and let them sit on the couch. I understand that but even if you can change it twice a week that's better than where we are at now and what about if you signed up to a club or 2 clubs. You know it's about having those conversations, but for me some facts would be helpful, some little flashpoints almost. This is why we are doing this, this is why the drive is there, this is what we think is important. And also thinking about the different age groups, so we have the early years, key stage 1 and key stage 2 and what does that present itself as. I think sometimes, particularly in the early years you get a bit of, oh it's just puppy fat,

S: I know, some kind of stock phrases that you can use the stock excuses that we would have come across as professionals, like puppy fat, like being big bone, it's just the way we are in our family, my Dad is like that and my brother is like that.

H: Exactly, because we have to be careful we aren't health professionals, so we have to be careful we can't give health advice but we can give lifestyle advice. It's such a difficult balance

S: I understand what you are saying, a really good point Helen, excellent. Let me see if there is anything else, I think we have covered most points. Em, so if it wasn't you having the conversation you mentioned the family support worker, is that somebody who you think would be as confident as you to have these conversations at the moment?

H: Probably not as confident, he will have difficult conversations and he's probably not as confident and not always get the results that we want. I think sometimes he is a bit lighter touch than me, well I am quite happy to be light touch at the beginning but then if I don't see change, I can be quite hard and quite firm and say this is my expectation now and I want to see this, this and this. And if this, this and this isn't happening this is what is going to happen. Em, I don't think he is confident to do that. It is that element. So the lighter touch where it's just giving a bit of advice and support that sort of thing fine but as we get that little bit more serious that's the worry.

S: Yeah, that's an interesting point about setting expectations for the parents from the outset. Because what I am thinking is what should we set as expectations of education professionals having these conversations and one of them might be, setting expectations with the parents. Like in this first conversation we don't expect you to be eating organic vegetables by next Friday but let's just think about what you could change.

H: Its having a plan isn't it, that's the thing for me from the experiences I've had. Like everything, if you have a plan and over time if parents choose not to stick to that plan that's when have got to do something about it. If we are at the point where we are having a conversation and we are saying let's have 3 or 4 things you are going to change. You know those little things and in 3 weeks time we will meet again and change something else. But then when they choose not to stick to that, that is when something different has to happen. That then does become neglect. That is then a very different conversation to have with a parent.

S: I know then we would often get into a conversation and parents would ask, well what weight should he be, em we would always say you don't aim for weight loss in children it is weight stability. As they are still growing nature almost does a job for you. Unless a child is very severely obese and then there might be medical reasons they might need to loose weight. But if you are talking about young children like 5,6,7 year olds we would always say weight stability. So, you talk about setting clear expectations for parents, that's a very different message. If you start a conversation about weight most parents think she is going to say, he / she needs to loose weight. Whereas weight stability is a different message. That is really good point about setting expectations, setting a clear plan and then you have something yourself to review with a parent and if these things haven't happened well then these are the consequences. It's a process.

H: Yeah, and there's your evidence and the basis. Because if you do get to point with a child, I know this would be the extreme end where it did become neglect, you actually need to have the evidence of what you have done already, what have we already tried , well we have worked with this agency, we have done this, we have done this and actually we have done all these things and it has not resulted in anything. We have really tried but this child is still unable to join in with PE or unable to properly play with their friends because there are no changes at home. So I think it's important that that is understood.

S: Yes and clear. So thinking about if you were to have 1 / 2 conversations with parents about this, you mentioned about signposting to other services. Is that something that you would like to feel confident in. So, almost confident in the calibre of the other services you would be referring onto?

H: Absolutely,

S: Like you say, you are the expert on the families and the relationship with them, that if you were to recommend a service that wasn't of good quality I can see that would almost come back on you as a school or you as an individual and jeopardise that relationship.

H: And it does, and that is a **big issue because if you say, if you are not going to engage I am going to contact children's services and then they go, I'm not picking it up, not our problem** but it is neglect. So at the very extreme end of this it is neglect, if a child is playing on an XBOX all week with a plate of chips in front of them that is neglect. So actually we are **not making our children healthy and making them into healthy adults and successful in the future so it is neglect and it is stopping them attaining often in school as well.**

S: So the consequences are big with a big ripple affect

H: Yeah, to know that you **won't have that back up is definitely an issue.** Because you know they won't pick it up (ha).

S: Yeah, we would absolutely be on the same page as you H in terms of the importance of it and sometimes treating it as seriously as different types of abuse. It is as important as that. Ok H I think that is it unless there is anything else you would like to add?

H: No that's it thank you.

Interview closes.

School (6): Interview with J (Participant 6)

S: Thanks for your time today J. Just for the purposes of the recording I have J in front of me. What is your title at the moment J?

J: SENCo.

S: SENCo, we are in XXX primary school, it is twenty to eleven and it's Monday the 6th of March. Thanks Jess, we have just been discussing the research project that I have started and how this data will be used and the purposes for the conversation. So maybe just to explore that a bit more today. Could you give me an idea of what the school is currently doing to challenge childhood obesity and healthy living for the children in the school?

J: Yes, we **work quite closely with healthy schools in Manchester. So we have people coming in from that service coming in regularly to deliver workshops. That can be around obesity but this year it is around mental health and e-safety.**

S: OK, e-safety, ah, ok ok .

J: They are out 2 main focuses for this year. But we have had advice from them and **our school nurse as well around healthy packed lunches and things like that.** Some of our TA's **have done workshops with parents as well.**

S: Ok, ok excellent.

J: We also have quite a large amount of money for the sports premium that came for the Olympics. SO we have a lot of sports clubs and we have **CityInTheCommunity members of staff in all day Tuesday and Thursday who do model PE lessons for teacher and all the children. They also do clubs at lunchtime and after school.**

S: Are those clubs free to the children?

J: They are, yes.

S: So you are trying to remove any barriers to children partaking.

J: Yes, yes and they **rotate around the classes. So, for example at the moment they are working with year 6 and 2 on one day and the year 3 and 4 on another. Throughout all the year all classes will have had a turn and they do the foundation stage too.**

S: And the teachers are involved as well?

J: Yes, **the teachers are there as well so that their professional development can improve too through observing the PE lessons.**

S: So they are learning those skills from the trainers, so then when the trainers aren't around they can carry on the work.

J: Yeah, exactly and we have, I have forgotten the name of the provider, but we have another sports **provider that come in and delivery clubs as well at lunchtimes. This term it is dodgeball, we had cheer leading last half term and in the Summer it will be cricket. So that is one lunchtime a week.**

S: And is that open to all children or do you target any specific children.

J: It is usually targeted like dodgeball was targeted at year 3 and 4, this time but all the classes will get a turn over the year.

S: So you **target at a year level rather** than a particular group because of maybe a concern about weight?

J: We do at the moment, we offer it out because it is optional up to certain numbers wise. Em any children can participate. But it **could be something to look at, it's just how to do it sensitively.**

S: I know and we would always encourage you to use CHAMP data to indicate which are genuinely children with problems. You know sometimes it is hard to judge by visually

scanning a child. I think just touching on CHAMP you are one of the schools which has facilitated the extended measuring. Would you say that that has affected your approach to childhood obesity in school? Or has it provided an extra focus for the staff?

J: I suppose it **has because in the past we have only had reception and year 6 screenings, and the fact that the whole school are involved this time it has brought it to the teachers' attention more than it would have done.** Because they know that on that day all the children in the class are going to be weighed and measured. So **as a follow up from that I am not sure if it has stayed in the forefront of their minds just down to business with the curriculum and everything** else. But I think it was good to have that and staff were very aware that it was something Manchester was doing and hadn't been done before. So I think **from for raising awareness that was good.**

S: It has helped. Excellent, hopefully we can talk about the year level data a bit later and that might give you a bit more information. So, do you think it is important for the school to focus on childhood obesity?

J: Yes, yes I think we are **very much about the whole child** here at this school. So **that is physical health, mental health and the academics come with it but we understand that if children are not healthy in themselves there are not in a place to learn.** So, we do a **lot around social and emotional aspects of learning.** I think as well the physical side is just as important for children to be healthy in that way. We **try and promote healthy packed lunches, healthy schools dinners** provide a lot of choice to the children and all of the staff would try and model that for the children or encourage healthy choices most of the time or all of the time hopefully (ha).

S: Okay, could you give me an example as to how the staff try and set that example for the children to follow, is there anything they do?

J: Yeah, some of the **staff do have a school dinner.** So if they are on lunch duty they might actually have their dinner in the hall with the children, choosing from the same food as the children. Em, modelling wise especially with the younger ones who find it hard to choose or are a bit more fussy with their food because what they have here might be different to what they have at home. It's just trying to encourage so they aren't having the same thing everyday.

S: Ok, so not a jacket potato with tuna every single day (ha, ha).

J: Yeah, yeah and just trying to have that range, and we have **the salad bar that is available to them so whatever they have chosen before it is just encouraging them to choose something else healthy with it.** Or a healthy pudding and not always a biscuit everyday. So, with the younger ones the **staff come into the hall with them first and then with the older ones the lunchtime organisers are around to do that as well.** They will challenge some children if they are on packed lunches and they have got really unhealthy just all biscuits and crisps and fizzy, well they are not allowed fizzy drinks really. Em, and they will say, this is not a healthy lunch and they will follow it up by a conversation with parents.

S: Excellent, ok and that conversation, have you had those conversations J or colleagues?

J: Not personally, other members of the team have because obviously **lunchtime organisers aren't here at home time so it does get passed onto one of the senior leadership team and they will usually speak to the parent at home time.**

S: And from feedback from your colleagues, tell me how those conversations tend to go and

J: Usually ok, we **haven't had anything too confrontational** or anything, some parents aren't aware that what they have given for the packed lunch is not appropriate. **Sometimes it's the fact that a parent works like a night shift or another member of the family has brought the**

child to school and it can just be a last minute thing sometimes. Usually the next day the child does come back with a much more appropriate lunch, so usually it is quite a positive. So once it is mentioned it's usually,

S: Ok, so it get's addressed. You touched on something there, that maybe a lot of your children maybe are introduced to foods in school that they wouldn't have at home. Maybe because of cultural differences, different ethnic groups just explain that a bit more to me as to how that might affect the eating pattern of children.

J: Yeah, I think examples from the past, I have had parents say to me they only chicken nuggets and chips they won't eat anything else. Which one day a week we might have chicken and one day we might have chips and they might not necessarily be on the same day. So when I am in the hall and been on duty myself I have gone to see children and they will say, can I have my pudding now and they have not eaten a lot of what is on the plate and I will try and encourage them to just try a bit of this and try and bit of that, have you tried it before. Sometimes they will say, no I haven't tried it, it's vegetables, even mashed potato, things that we take for granted really that children would have had. They just haven't come across and that's children from all backgrounds, that's white British children all different culture. So I think it can be a cultural thing but it's not strictly so.

S: So not always.

J: I think some parents just for ease of managing the children just give them what they like. I suppose it stops those confrontations at home but it's not really what is healthiest for the child.

S: No, so in that respect the school dinners are offering an education in terms of a breath of foods to taste that they wouldn't get at home.

J: Yeah, and on occasionally I would have children try something and I would say did you like it and they would say yes and sometimes no. Then I would just praise them for trying it because it's a big thing for some of them because they have not come across those new foods at home.

S: Excellent, excellent, that sounds very good. Em, have ever had a difficult conversation around a child's health or weight or an ill-fitting uniform. Something slightly sensitive like maybe a child getting bullied, something like that you have had to raise with parents.

J: I have not had one myself directly around obesity, once I had which has not come through CHAMP it was a few years ago. The deputy head had a conversation with a parent about a girl in year 6 and to us she did look overweight for her age and for her height. I don't think there was any bullying going on but you could tell she had low self esteem and you could see in PE lessons she was struggling to achieve the same as other children. The deputy asked the parents to come in, we went down the route of offering an early help assessment for her in conjunction with the school nurse. I remember my colleague tried to put it over in as sensitive a way as possible, by saying we have noticed she is having difficulties, I can't remember the phrase she used but it was something like, mobility issues, moving around especially in PE lessons. She is struggling and she is short of breath sometimes and that kind of thing and she is not making the healthiest choices at lunchtimes. Is there anything we can do to help around increasing her activity levels could we get the school nurse involved around healthy food choices and things like that. Mom was very much like, no she is fine I don't know what you are talking about.

S: So she was in complete denial.

J: Yes, she wasn't confrontational or anything but when it got to that and the conversation eased into getting to the point of what we would like to address. As soon as it came to that,

my child's not fat, I don't want to engage basically. And because early help is optional and voluntary she didn't want to do it,

S: Ok, so she wasn't obliged.

J: Nothing came of that but, again that was when she was in year 6 and that was when she was at her worst unfortunately.

S: So maybe if you had started that conversation earlier

J: Yeah, we could have put more things in place.

S: and it might have been that maybe that conversation might have required 2,3,4 attempts to get the family engaged.

J: Yeah, but it is difficult because I think if you are addressing something like that a parent is going to take it as a reflection on them. You know you don't want it to but it's quite hard to put it any other way as they are the main carer for that child.

S: Absolutely yeah and particularly if you are talking about young children they are not going to the supermarket themselves. They are not preparing the food, you know so.

J: And if it is a child who has got, I don't know a narrow range of foods that they like that parent might find it difficult as well. You don't know, sort of the full back story. Some parents are more open than others when talking about that and this parent in particular was very defensive about it. Where we have had other parents where in that conversation they have been quite open about the situation at home and then it helps you understand say that is why they have come into school tired that day. Or they have not got the right shoes on.

S: Yeah, that there are other pressures and other things going on at home that are impacting.

J: But like you say maybe having that conversation more than once

S: And starting earlier before the problem escalates. They are all very good points J. So, thinking about if an opportunity was presented to you where you have a parent in front of you and you wanted to have a conversation around obesity what do you think would make it, I'm not going to say comfortable for you, but what would give you the confidence to start that conversation.

J: I think the main thing for me would be how to phrase it to the parent,

S: So the language

J: So sensitively, because the minute you say something that somebody is going to take offence to or be very defensive about. That conversation stops then to me. Especially like some of our parents who are quite defensive and might have low self esteem themselves. Some of them have had bad experiences in their own school and are reluctant to come in and speak to teachers. Sometimes getting them there is a good thing but you could sort of stop it dead by phrasing something incorrectly, so that would be massively helpful.

S: Like you say, how to initiate the conversation. You mentioned there that some of the parents have their own concerns, their own pressures. We often come across overweight parents who have overweight children and that in itself is a barrier to the conversation because you are raising a conversation that they really don't want to have because they are almost going to have a conversation about themselves.

Thinking back to the child you mentioned from year 6 a few years ago. Was that a family wide issue?

J: Mom was overweight and 2 younger siblings. Actually the middle sibling is in year 6 herself and she has not got the same, I wouldn't say she is as overweight as the older child. Whether she is?, she looks more in proportion, it's hard to know and she is slightly shorter

and if you went into the class you wouldn't pick her out as such as having childhood obesity. There is a younger sibling again who is in year 3 who may go the same way. She has a similar build to her older sister, so she could be one to address. But again it's doing that sensitively because she might not end up being obese or overweight by the time she is in year 6 and it's sort of how to put that to the parents. **That we are trying to prevent that happening, we have not got concerns about her right now, it's quite hard, you want to pre-empt it but.**

S: You want to be preventative as opposed to having to deal with the problem when it arises. So they could be a good family for us to keep in mind if we were to think about the extra skills or confidence that you would like to start that conversation. If we try and keep that family in our minds and think about how would we start the conversation with that family. Thinking about this child in year 3 so she doesn't end up like her sister in year 6 and then have a difficult transition into high school for her.

Excellent J thank you very much. Eh, let me just have a quick look here and see if there are any other questions I have for you. So you have talked about language, you have talked about almost the hook to start that conversation. So if you can, you know that it's having an impact on the child's ability to participate in PE, participate in class, maybe social relationships with other children are affected, that almost if you can have a hook that is somehow education or school related that you can bring to the parents and say look we have noticed that this is happening and really we feel it's as a consequence of the child's weight.

J: **At the moment I think that is how we would initiate conversations like that around the impact it was having on the child and if we felt it was impacting negatively with any aspects of school. That is the route we would go down because the children are at the forefront of our concern.**

S: Thinking about this delicate relationship you have with parents would you say that if you had a difficult relationship with parents previously that, that would make this a more difficult conversation for you to have, if you had no relationship with them,

J: **I would almost no relationship would be easier than having had a negative one in the past. I mean parents, for different reasons do have negative connotations towards certain members of the staff. Through no fault of our own just that they think that member of staff has done something that they didn't like. So in that situation we would just nominate another member of staff to speak to them.**

S: Exactly, like you say it is being mindful of the right person to have the conversation as well.

J: And sometimes, **depending on the situation like a safeguarding concern which is quite serious a senior member of staff would do that. But lower level things we would often ask the class teacher or sometimes the TA to speak to parents because TA's especially have a more informal relationship with the parents. You know they will be at the door everyday and they will be the ones to say, you know how are things and I think the parents feel like it's easier to speak to them.** I don't think in school we see them on a different level to teachers at all but whether the parents do they might speak to the TA because it's not too formal. So if it's a **senior member of staff it's seen as very formal and almost I'm being pulled into the office and we don't want to give that impression at all.**

S: And that could be intimidating to some parents and maybe make them feel a bit defensive because it's a senior person calling them in.

J: So that would be another route we would try for other things and it has involved asking the TA's to speak to parents. *Maybe it's who has got the best relationship really and that seems to be a real way in most of the time.*

S: Yes so being mindful of that, sounds very sensible.

Em, so if you have a blank canvas and if you or one of your colleagues was allowed some extra training around childhood obesity and how to start the conversation, what would you like in your toolbox? (ha, ha)

J: Ha, *mainly I would say with those conversations, when it's appropriate to say something like what signs to look out for because you don't want to assume a child is obese and they are not.*

S: Like technical knowledge

J: *So there would be nothing worse and none of us are health specialists here, we go on the advice of the school nurse or yourselves when you come. Other than that we can only use personal judgement really or common sense.*

S: Yeah

J: *So it would be good to have something to refer which says, if you notice these sorts of signs then these are the things you could go to parents with. Then that key terminology and language to use and also where to signpost parents. We know what we have got to offer in school which I feel is quite a lot exercise wise and the choice we have at lunchtimes. But outside of that any strategies parents can use to help if there are any agencies.*

S: I think that's a really good point J and quite a few school have mentioned that to me that you are the expert on you school and like what you say, what you can offer, what staff can offer but what you want to be able to do is say, look your next step is, outside of the school these are the services that are available to you, these are a couple of things you could try at home. So once the child is within the walls of the school all hands to the deck we can x, y and z but then what you want to be able to say is, to support you further here's some other services or here is some advice to take home and try.

J: Yeah, *because it's partly a school issue but it's not only a school issue. We wouldn't like parents to think, ok school are to take that on. We will do what we can but ultimately it is their responsibility.*

S: Yes, so you want to partner with them and share that responsibility. Yes, a really good point and very well made.

I think that is all my questions J. Is there anything else you would like to add before we finish.

J: I can't think. Just any support would be gratefully received.

S: Excellent, thanks J.

Interview Closes.

School (7): Interview with H(Participant 7)

S: Ok I am recording now H thanks very much. I am here today with H who is the assistant head at XXX primary school it is about five to three and today is the 22nd of March. Thanks for your time H, just to reiterate the purposes for the interview as you know I am doing some research around how schools tackle the conversation of childhood obesity with parents. So I am just going to explore that a bit further today. Can you describe anything the school is currently doing to tackle the issue of childhood obesity or promoting child health to parents.

H: Yeah, at the moment we are really pleased, because we only have young children they get universal free school meals, we have planned the menu to be tailor made for school so we have removed all sugary puddings, apart from a Friday they have no choice they only have fruits and yoghurts. And my passion is they eat healthily and they eat in a balanced way so we would promote the salad bar that is there. In reception we give the children salad bar they don't realise they have a choice. Then in year 1 we let them choose if they want to go or not. That is something I feel really passionately about.

S: Did you always have that policy in place in terms of no puddings except Fridays from the outset when you opened?

H: No, when we opened we didn't have a kitchen, we were having the dinners brought in and we had to serve them ourselves it was crazy!

S: Ok (ha, ha)

H: Em, then I always knew that I wanted this because I just think the one thing as a parent is you for 5 years feed your children and then you send them off to school and you have no idea what they are eating. The fact that there was always a school type pudding every single day for me was horrific. In our house we have fruit or yoghurt, we might have sugary yoghurts you know everyone has different yoghurts. But the point is it wasn't a big pudding. So I just thought still given the choice we should, because we are a free school and we employ the kitchen staff we have more choice over what we do and it is something my daughters school set up and I thought it was a really good idea. They had no puddings until I think Wednesday and Friday whereas we have just gone with Friday.

S: And did you meet with any resistance from parents when you put that in place?

H: No, not at all, we didn't really tell the parents because it's free school dinners it's part of school, it wasn't really an option. We will be doing, I know that when go from fruit and veg and it goes to bringing in their own snack in the juniors they will be only having teeth friendly snacks. So you can only bring something in if its good for your teeth or fruit, so like breadsticks and fruit and that is all you would be allowed bring in.

S: So that will be a healthy lunchbox policy.

H: We haven't yet done a healthy lunchbox because there are really really grey lines on what we can say to parents about what they bring in. It's a really grey area and do we target the children it's not the children's fault is it? Their parents giving them chocolate spread sandwiches.

S: No, No

H: So what we have done with one child who, is definitely overweight and possibly obese and she obviously controlled what she ate and like you say complex background. She was bringing in chocolate spread sandwiches or jam sandwiches instead of having a free school meal. Probably because she was resistant to it and Mom was worried she wasn't eating but

as soon as the Mom realised. I think she **had forgotten it was free, I think there was a communication breakdown** the daughter is now having our dinners.

S: Excellent

H: And it was by us saying now you don't need to get lunch for her, it **will help you with your financial state, her daughter is a year older and not just moved from Poland, so all that sort of thing** and she is now eating our dinners.

S: Excellent

H: So it was that simple

S: So, once Mom was informed and she knew the reason and knew what she was missing out on.

H: And so now her daughter is eating a balanced dinner. So that was a real change.

S: Excellent, excellent you didn't meet with much resistance from that parent.

H: I didn't have to say to her can you have a healthy packed lunch. We just gave her the healthy dinner instead and there is no problem there. **We actually struggle more with children who are very controlling over their own dinner. Will only have a jacket, will only have it with this, can you take the skin off, will only eat beige food. We have more problems with fussy eaters** than we have with

S: Weight related issues

H: Because we have almost taken out the really bad things.

S: Yeah so they just don't have that option.

H: Yeah they **have milk or water or fruit and yoghurts.**

S: Excellent, so thinking about childhood obesity, I know we have spoken about my project today. Do you think it's an important thing for a school to focus on?

H: Yes I do, I think it's really hard from a schools point of view because as a mother to turn around to the parent and say **actually this is something you can do.** This is something you can do, this is not about how you spend your money. **Although it is infuriating when the healthy foods are more expensive than the pre-packaged and the processed stuff** but it's about organisation and it's about saying no to your child. No, not this time but on Friday you can.

S: And would you feel equipped now professionally, would you feel confident enough, would you feel you had the right language and skills to take on a conversation like that with a parent?

H: **Yeah, I think it depends on the parent, I think it depends on the circumstance,** I think the **CHAMP** thing is quite a nice idea to say. I quite like using it like saying **have you logged on and seen what your child weighs, are they in the healthy range how could you help your child. Because you are presenting a fact to a parent then, this is not me making this up and saying look at your child. This is a fact, your child is not in the healthy range. Your child can't control what goes in their mouth, it's not the child's fault, so yeah.**

S: And do you feel that because you are a member of the senior leadership team, because you are an experienced professional, because you've have been dealing with parents for years that other experiences you have had around other topics could help you cope with a conversation like that. Could help you cope with awkwardness or maybe the aggression you might be met with.

H: **The thing is I would be reluctant to call the meeting. I would rather another professional call the meeting and then I would say the words. Because I don't know whether I feel like it's my duty to point it out to them because....So it would be good if it was the school nurse. As a result of this if somebody then contacted the parents, I don't have the individual data, but**

it would be good if I could highlight it to the school nurse and say can you find out who these people are can you contact them and because she is allowed to and then we could all have a meeting. That would be a better way of doing it.

S: So you feel because it is a health concern and falls into the health arena,

H: It's not an education thing, em because I am doing all the other bits of education, but built into our curriculum we educate our children to live a healthy lifestyle. We can say it until we are blue in the face if the parents are giving them chocolate. I think healthy schools is a really good thing and then we haven't stopped to eat for birthdays because I think there is a difference between a treat and an unhealthy lifestyle. So to me to have to look at that balance, the whole point is balance.

S: Yes, absolutely, just so I am understanding correctly H you feel the conversation around a weight concern could more credibly come from a school nurse to start with. You are happy to support with whatever the school could do...

H: The school facilitates and I am very happy to do but that it isn't my role,

S: Yeah, it needs to be initiated...

H: Yeah or it raise it. It should be raised by a healthcare professional. The parents have agreed for their children to be weighed by that healthcare professional so therefore. The school has facilitated that but I think it would be better of the healthcare professional contact the parent. I am happy to do it if the healthcare person doesn't want to do it, but I don't think it's for me to be contacting parents.

S: Yeah, so it should be initiated by a healthcare person with you there to support and do what the school can do. Ok, that sounds fair.

H: I also think, this has to do with money but preschool you have a lot with the red book and a lot with the health visitors and all that sort of thing when they are toddlers. Then when they go to school the only contact you ever have with health professionals is if you go to the doctors. And it's that, if the obesity is happening in school-age children then as a parent how have you still got that health visitor visiting saying, you know your child is looking a bit obese.

S: So there is almost like a gap in support.

H: Yes there is,

S: Once a child goes to school.

H: The onus is then on the parents to make contact and say, my child is unhealthy how do I...

S: Which is a difficult transition for parents to make, I know as a Mom myself you have a lot of support you have people literally knocking on your door.

H: Then suddenly you have to go and find it yourself, it is very different.

S: It is a step change,

H: So if you have got to a point where your child is obese or underweight, to have let your child get that way you have lost what you were doing anyway. Therefore, if you had support in the first place you might not have got to that point.

S: So like we were discussing earlier on. If CHAMP was to start measuring at nursery age and establish that relationship and keep that all through the school years that might help bridge that gap that you are talking about. In terms of general health support, or the value of monitoring and tracking your child's growth. Which just drops off once that red book stops.

H: Yeah, after the first year really. If you are looking after your child and there are no safe guarding concerns, where are you supposed to go.

S: It's a very good point and well made, thank you. Em, I don't know for yourself of somebody else on your staff, if there was some extra training available around the topic of

weight, could you give me an example of what would make it easier to have, you know what would make it easier to have start these conversations.

H: I think it's just having the support, we have got so much to do already and your health lifestyle is actually more important than your academic education to be honest. So therefore is it for the academic institution to address this. So it's time, it's money, it's having the support. If someone was to come in and help. The conversations are not a problem, it's the facilitation of them, it's the getting them going. It's not my role to tell parents, it is someone else's role. But I know I will have those conversations.

S: Yeah, ok, I think that's it H, I think that answers the questions that I have. Is there anything else you would like to add?

H: No.

S: Thanks for your time H it is much appreciated.

H: No problem

Interview Closes

School (8): Interview with L (Participant 8)

S: For the purposes of the recording I have L in front of me, we are in XXX primary school. Your job title or titles are what L(ha)

L: They are many (ha), I'm the assistant head for early years and the parental engagement lead.

S: Excellent, thanks L and today is Friday the 24th of March and it's four o'clock. So, just to reiterate why we are talking today L. I've explained that I am doing some research around how schools currently tackle the topic of childhood obesity, how difficult it can be to initiate those conversations. I know we have worked together before with some families in the school. So, starting with that could you give me an idea of your current approach to tackling weight related concerns for children in the school.

L: Well obviously we work with CHAMP and we use the data and see where the children are at. We have employed a lead teacher for PE this year, so there are a lot more after school clubs and a lot more sports going on. She is very aware of the children who need targeting for those after school clubs. Children who may be overweight or obese that need targeting. We have had an after school club for children lower down the school as well and although it wasn't made clear to the parents that was why they were chosen. That is the reason because let's say they were more overweight and it was a very active exercise class. This year we have been working with the City-lifestyles cookery workshops. They started in January and were very very popular and we had to turn a lot of parents away. We have kept that going, so that was from January up until now and it's still going on and I am sure it's something that we will roll out again. The feedback that we have had from that has been really good. Thinking about things like using too much salt, too much oil in cooking and looking at packaging and parents have talked about that. Also, the sharing of the cooking between the adult and the child they have really enjoyed that.

S: Ok. Is there anything around your school lunch provider or your packed lunches that you look at with regards to the children's intake when they are in school?

L: Yeah, our school dinners are made on the premises which they weren't previously so that's been going on for a little while now. So we do have slightly more control over what the children eat. So they do have access to healthy foods. They can choose salad or they can choose fruit, they really do enjoy that. So once they have got their main lunch on their tray they can come and choose a supplement or supplements on the trolley. Salad and melon and orange and apple and those sort of healthy things and we do keep an eye on their packed lunches, so if we were concerned. For instance there was a child who was just bringing in biscuits in her packed lunch. So when we challenged the parents they said that's all she wants to eat, that's all she wants to bring in. We tried to say well that's not really acceptable and it's not healthy, you know if there anything else you could send in?

S: And did you meet with any resistance? Was if you who had that conversation?

L: It wasn't me who has the conversation it was another reception teacher but emm, the child is now on school dinners rather than packed lunches which is better. So at least she has that variety now.

S: So they are having a more balanced meal. Ok so that was a good resolution to that and the relationship with the parents was maintained. Ok it sounds like the school is doing a lot. Can you explain to me why you think it's important to tackle any weight related concerns. What do you see maybe as the positive consequences of doing this or the negative consequence of doing nothing?

L: To get the children into good habits. We used to have so many birthdays at school where children were bringing in sweets and cakes we used to share them. Then we said no because we are part of the healthy schools programme so we have banned that and we said if you would like to bring in fruit for the children to share that's absolutely fine. They do see it as a treat when you cut up fruit. Especially if you have things like strawberries or melon and things that they really enjoy. They see that as a treat which is really important so it's not just something that is only healthy, that fruit can be a treat as well. To catch the children as early as possible with these good habits, so we have milk and water in school, they brush their teeth in the nursery to get them into those sorts of good habits and it all follows on it is all linked together.

S: Do you think as a school that you would see any benefits in terms of concentration in class, behaviour, attainment those kind of measures almost within the school could be affected in a positive way. You know if a child is healthier just like a healthy body healthy mind I suppose.

L: Yeah, and behaviour wise, since we have had our new build we have water fountains and the children do like to take advantage of that. So if they are thirsty they can go and have some water. Sometimes when they are a bit fussier at lunchtime we say to them, you need to have that food to get your brain working, so you can tell sometimes if they have had the wrong thing in the morning (Ha).

S: Yes (ha) like too much sugar, that makes sense.

L: So you have touched on a conversation that a colleague had with a parent around lunchboxes. Can you think of any other conversations that maybe you have had to have in the past where a parent has been resistant or unwelcoming of the topic of a child's weight being raised. How you felt having that conversation, what could have made it easier for you to have that conversation.

L: I think there were 3 identified families last year. So we needed to raise their awareness and get them back in and see if we could support them in some way and I did feel a sense of dread. It is not something you want to talk to parents about.

S: Yeah it is an awkward one.

L: Because obviously they feel it's something lacking in their parenting. It did take me a while to get round to one of them and I did actually watch her after school sitting on the bench with her child opening packets of biscuits and feeding them to him. I did think ahhh I've got to have this conversation and it was a parent who I had already had to speak to about another difficult situation so I thought now on top of that I have got to come to you about this. Em, yeah, so it was just trying to find that right balance.

S: Trying to find the in.

L: Yeah and be delicate and just say, well maybe it's something you're not aware of.

S: So with that parent what do you think, I think I know who we are talking about and ultimately we didn't really end up engaging with that family. What do you think were the main barriers to engaging with this as a topic or with this as a concern for that child.

L: I think they feel it's an affront, you know they are not feeding them the right things. You are telling them and they don't want to be told, that it is almost like nannying them isn't it. This isn't your job almost, they come to school to be educated but you know it's not about food and what we feed them. I think they tried to say it was more of a cultural thing as well, this is what we do, we give our children lots of food and maybe that's different if you are living in the country that they have come from and food is difficult. But you know it's just a different perspective. It helped a little because we have a Somali speaking TA and he is very

good. Especially because he is a man and sometimes the families don't appreciate being spoken to by a woman. So he was able to intervene a little bit but it is just a really awkward situation and topic to talk about.

S: You touched on a couple of things there that I will probe a little bit more with you L. You mentioned some cultural differences, do you think that for some of the families here that parents have come from such deprivation that they were starving that now to be in an environment with an abundance of food is such a luxury that to want to continuously feed their children is such a luxury for them to be able to do.

L: I think that is absolutely the case yeah. It is just something that has become engrained and hard habits to break. Also, I think they see as the children get older and as they grow that they won't have the same issue. You know as they grow that the weight won't be a problem but if it starts young.

S: Yes, a lot of research would say a child's weight at age 5 is a really good predictor of. That if they are overweight at age 5 there is a 50:50 chance that they will be overweight as an adult.

L: And we also know that our children don't exercise very much either. A lot of them don't have gardens or back yards they can go play in and parents choose for them to out on the streets. Which is fair enough.

S: So the one thing they can change is their intake.

L: And even though a lot of families live close to the school parents will still come in the car so they haven't even got that. You really notice it when we are going out on trip and we have to walk and they are absolutely horrified that they have to walk anywhere (ha, ha). Even though they are 5 they are struggling to make it all the way back and it is just taking them forever. Because they are just not used to that amount of exercise.

S: Another interesting point you raise there Lisa is maybe the disconnect for some parents to have somebody from the school to be raising a health related topic. Like this family we spoke about, their perception is I bring my family to school so I am going to have education related conversations with you, with the teacher whoever it might be. Do you think that raising the topic of weight or being obese would come more credibly from a health professional? Or do you think a resistant parent like that would respond differently if it was health professional raising it?

L: Yes I do, I think they would. It would give it more credence perhaps.

S: Or maybe it might appear more serious if somebody from the outside has come in and says look genuinely this is a concern. That has come up in conversations I have had with quite a few schools that it's about the right person to raise a conversation.

L: Or to do it together.

S: So taking that just a step further, do you think that it really should come from a senior leadership team member in a school.

L: No I don't know about that because I think it would probably be better coming from the child's teacher rather than somebody who's not with the child all the time. Sort of unrelated almost

S: Or somebody in the school who has a pre-existing relationship with the family for some reason,

L: Yeah possibly.

S: If it's good, I suppose the other difficulty in that case is you had already had a difficult conversation with them about something else. So you are already starting from a minus position, you are not even starting from a neutral position.

L: Ha, ha and that is true, but perhaps if there are 2 of you and one of you is coming from that health perspective and you are the person in school who is responsible obviously for the care of that child.

S: Yes, the school is the constant, we absolutely recognise that. We are only dipping in and out, that you are the person who has to see that family day in and day out.

L: Ha, ha

S: And deal with the relationship whether it be good or bad. Yep, ok, all very good points thanks L. So thinking about the topic of obesity and a child being overweight what do you think are the most difficult aspects of that conversation. Is it the language, is it the technical knowledge, is it where do I signpost this family next? Or is it all of that?

L: It is really, em, because I think the portion sizes that children have are huge. I don't think parents understand about the size that children need. We try and do some workshops around that in particular for the early years like healthy eating and what a plate should look like and I think parents are often very surprised by that.

S: I agree definitely,

L: We have also, and it is probably worthwhile thinking about for the healthy eating side. We have done work on oral health and dental health and that was really well attended and the feedback again was very positive. Parents said you need to roll this out to the rest of the school. I think if we got parents in and talked about obesity and being overweight and the importance of healthy eating that we would get a lot of take-up. That might be a really good way in. So if we did have to have some conversations then at least parents would have been exposed to some information prior.

S: Yeah some groundwork. Would that be an evening meeting in the school that parents would be called into?

L: Usually the mornings are the best time to catch parents.

S: So just after drop-off.

L: That is when they are most receptive.

S: So your oral health workshop how did that run.

L: It was in connection with SureStart, 2 people who are part of SureStart, em, and that was a morning session and we must have had between 25 and 30 parents which is a good take-up for us. They had a presentation, so they showed them pictures of decayed teeth and how to brush their teeth and the sorts of things they shouldn't be eating. You know not having bottles with fizzy or sweet drinks in and things that you might think are..

S: Obvious?

L: Yeah (ha)

S: Yes but to some families they are not.

L: And I know from home visits we have done sometime you are appalled by what you see. The children are just sat there with bottles with all sorts of things in them and it's just something to keep them quiet.

S: Ok, ok, so an ability to educate as well. I think what you are saying is the messages need to be simple to start with and some guidance on, if you have an opportunity, what are the 2 or 3 key things to get across, if you had a minute or two with a family.

L: I think lunchboxes are a big thing for us. Children will bring things in from the night before. Say they have had a takeaway the night before it's just cold in their lunchboxes.

S: Even from a food hygiene and food safety perspective

L: Exactly and like I say a box full of chocolate biscuits because that is all they will eat. So it's all that sort of knowledge, I am sure a lot of parents would turn around and say well to eat

healthily is more expensive so it's that sort of knowledge that they need. Which is why the CityLifestyles workshop has been so good because you can see how to make healthy meals quite cheaply for a family. I do think language for our parents might be a barrier, but we do have a lot of TA's who speak other languages who could translate as well.

S: I know, I have used A myself who was invaluable.

L: We also have Urdu speakers and Arabic speakers.

S: So there are all those, cultural barriers, there's language barriers, there's knowledge barriers there is a lot to overcome.

L: Yeah, (ha).

S: I agree, I agree. Let me see, how would feel if there was a training pack ,if there was some extra training available to you or to the relevant staff. Do you think it would be something the staff would be receptive to? To help them feel that bit more confident, to raise it as a concern.

L: Yeah it is a really hard conversation to have.

S: So if you knew you have 2 or 3 stock phrases, like this is my opening line and if they say 'x' then I can say well, go there. I think from our perspective, let me know what you think Lisa but we should be fair to you as to what should be expected from somebody who hasn't spent years doing this. That it should just be an opening conversation and that should be as far as you are expected to take it.

L: Yeah, if someone else can step in.

S: Yeah, and then you can signpost families on.

L: Yeah, so there is somewhere else for them to go once you have had that conversation.

S: That you shouldn't be expected to sit down and do a full assessment.

L: Well it's a big one on the OFSTED agenda at the moment, em so we have to be seen to be, not that we don't want to be, but we have to be seen to be..

S: Involved, yes there is just no choice really. Ok I think that answers all my questions, is there anything else you would like to add on the topic?

L: Not that I can think of off the top of my head.

S: One last question for you please that has just popped into my head. I asked you about whether you think this is a conversation that ONLY a member of the senior leadership team could handle. Do you feel as a member of the senior leadership team and because you have had countless conversations about all kinds of topics that that equips you a bit better because you are used to dealing with sensitive subjects. Not necessarily obesity but just sensitive subjects with upset, defensive parents. Just by the nature of the seniority of your role and your experiences that you are more professionally and emotionally equipped.

L: We are trained in something called 'Courageous Conversations' (ha, ha) that you might have to have with adults so, yes, I suppose in that respect, yes.

S: Just being able to draw on those other experiences, maybe not the actual topic but.

L: Yeah maybe not the content, but how to deal with it if somebody reacts in a negative way or an aggressive way.

S: That is something you could draw on.

L: Yeah I think so, it is something we have done quite recently. Sort of how to approach the conversation, you know how to get your point across and then diffuse from there and see what happens (ha, ha).

S: Ok L, I think that's all my questions, thank you very much for your time and I will be back in touch soon. (Interview Closes)